



General Assembly

Bill No. 7005

September Special
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LCO No. 9886

*09886 _____ *

Referred to Committee on No Committee

Introduced by:

REP. DONOVAN, 84th Dist.

SEN. WILLIAMS, 29th Dist.

**AN ACT IMPLEMENTING THE PROVISIONS OF THE BUDGET
CONCERNING HUMAN SERVICES AND MAKING CHANGES TO
VARIOUS SOCIAL SERVICES STATUTES.**

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

1 Section 1. (NEW) (*Effective from passage*) As used in this section and
2 section 2 of this act:

3 (1) "Knowing" and "knowingly" means that a person, with respect to
4 information: (A) Has actual knowledge of the information; (B) acts in
5 deliberate ignorance of the truth or falsity of the information; or (C)
6 acts in reckless disregard of the truth or falsity of the information,
7 without regard to whether the person intends to defraud;

8 (2) "Claim" means any request or demand, whether under a contract
9 or otherwise, for money or property that is made to a contractor,
10 grantee or other recipient if the state provides any portion of the
11 money or property that is requested or demanded, or if the state will
12 reimburse such contractor, grantee or other recipient for any portion of

13 the money or property that is requested or demanded;

14 (3) "Person" means any natural person, corporation, limited liability
15 company, firm, association, organization, partnership, business, trust
16 or other legal entity;

17 (4) "State" means the state of Connecticut, any agency or department
18 of the state or any quasi-public agency, as defined in section 1-120 of
19 the general statutes.

20 Sec. 2. (NEW) (*Effective from passage*) (a) No person shall:

21 (1) Knowingly present, or cause to be presented, to an officer or
22 employee of the state a false or fraudulent claim for payment or
23 approval under medical assistance programs administered by the
24 Department of Social Services;

25 (2) Knowingly make, use or cause to be made or used, a false record
26 or statement to secure the payment or approval by the state of a false
27 or fraudulent claim under medical assistance programs administered
28 by the Department of Social Services;

29 (3) Conspire to defraud the state by securing the allowance or
30 payment of a false or fraudulent claim under medical assistance
31 programs administered by the Department of Social Services;

32 (4) Having possession, custody or control of property or money
33 used, or to be used, by the state relative to medical assistance
34 programs administered by the Department of Social Services, and
35 intending to defraud the state or wilfully to conceal the property,
36 deliver or cause to be delivered less property than the amount for
37 which the person receives a certificate or receipt;

38 (5) Being authorized to make or deliver a document certifying
39 receipt of property used, or to be used, by the state relative to state
40 medical assistance programs administered by the Department of Social
41 Services and intending to defraud the state, make or deliver such

42 document without completely knowing that the information on the
43 document is true;

44 (6) Knowingly buy, or receive as a pledge of an obligation or debt,
45 public property from an officer or employee of the state relative to
46 medical assistance programs administered by the Department of Social
47 Services, who lawfully may not sell or pledge the property; or

48 (7) Knowingly make, use or cause to be made or used, a false record
49 or statement to conceal, avoid or decrease an obligation to pay or
50 transmit money or property to the state under administered by the
51 Department of Social Services medical assistance programs.

52 (b) Any person who violates the provisions of subsection (a) of this
53 section shall be liable to the state for: (1) A civil penalty of not less than
54 five thousand dollars or more than ten thousand dollars, (2) three
55 times the amount of damages that the state sustains because of the act
56 of that person, and (3) the costs of investigation and prosecution of
57 such violation. Liability under this section shall be joint and several for
58 any violation of this section committed by two or more persons.

59 (c) Notwithstanding the provisions of subsection (b) of this section
60 concerning treble damages, if the court finds that: (1) A person
61 committing a violation of subsection (a) of this section furnished
62 officials of the state responsible for investigating false claims violations
63 with all information known to such person about the violation not later
64 than thirty days after the date on which the person first obtained the
65 information; (2) such person fully cooperated with an investigation by
66 the state of such violation; and (3) at the time such person furnished
67 the state with the information about the violation, no criminal
68 prosecution, civil action or administrative action had commenced
69 under sections 3 to 7, inclusive, of this act, with respect to such
70 violation, and such person did not have actual knowledge of the
71 existence of an investigation into such violation, the court may assess
72 not less than two times the amount of damages which the state
73 sustains because of the act of such person. Any information furnished

74 pursuant to this subsection shall be exempt from disclosure under
75 section 1-210 of the general statutes, as amended by this act.

76 Sec. 3. (NEW) (*Effective from passage*) The Attorney General may
77 investigate any violation of subsection (a) of section 2 of this act. Any
78 information obtained pursuant to this investigation shall be exempt
79 from disclosure under section 1-210 of the general statutes, as
80 amended by this act. If the Attorney General finds that a person has
81 violated or is violating any provision of subsection (a) of section 2 of
82 this act, the Attorney General may bring a civil action in the superior
83 court for the judicial district of Hartford under this section in the name
84 of the state against such person.

85 Sec. 4. (NEW) (*Effective from passage*) (a) A person may bring a civil
86 action in the superior court for the judicial district of Hartford against
87 any person who violates subsection (a) of section 2 of this act, for the
88 person who brings the action and for the state. Such civil action shall
89 be brought in the name of the state. The action may thereafter be
90 withdrawn only if the court and the Attorney General give written
91 consent to the withdrawing of such action and their reasons for
92 consenting.

93 (b) A copy of the complaint and written disclosure of substantially
94 all material evidence and information the person possesses shall be
95 served on the state by serving the Attorney General in the manner
96 prescribed in section 52-64 of the general statutes. The complaint shall
97 be filed in camera, shall remain under seal for at least sixty days and
98 shall not be served on the defendant until the court so orders. The
99 court, upon motion of the Attorney General, may, for good cause
100 shown, extend the time during which the complaint remains under
101 seal. Such motion may be supported by affidavits or other submissions
102 in camera. Prior to the expiration of the time during which the
103 complaint remains under seal, the Attorney General shall: (1) Proceed
104 with the action in which case the action shall be conducted by the
105 Attorney General, or (2) notify the court that the Attorney General

106 declines to take over the action in which case the person bringing the
107 action shall have the right to conduct the action.

108 (c) If the court orders that the complaint be unsealed and served, the
109 Superior Court shall issue an appropriate order of notice requiring the
110 same notice that is ordinarily required to commence a civil action. The
111 defendant shall not be required to respond to any complaint filed
112 under this section until thirty days after the complaint is served upon
113 the defendant.

114 (d) If a person brings an action under this section or the federal
115 False Claims Act, 31 USC 3729, et seq., no person other than the state
116 may intervene or bring a related action based on the facts underlying
117 the pending action.

118 Sec. 5. (NEW) (*Effective from passage*) (a) If the Attorney General,
119 pursuant to section 4 of this act, elects to proceed with the action, the
120 Attorney General shall have the primary responsibility for prosecuting
121 the action and shall not be bound by any act of the person bringing the
122 action. Such person shall have the right to continue as a party to the
123 action, subject to the limitations set forth in this section.

124 (b) The Attorney General may withdraw such action
125 notwithstanding the objections of the person bringing the action if the
126 Attorney General has notified the person of the filing of the motion
127 and the court has provided the person with an opportunity for a
128 hearing on the motion.

129 (c) The Attorney General may settle the action with the defendant
130 notwithstanding the objections of the person bringing the action if the
131 court determines, after a hearing, that the proposed settlement is fair,
132 adequate and reasonable under all the circumstances. Upon a showing
133 of good cause, such hearing may be held in camera.

134 (d) Upon a showing by (1) the Attorney General that unrestricted
135 participation during the course of the litigation by the person bringing

136 the action would (A) interfere with or unduly delay the Attorney
137 General's prosecution of the case, or (B) be repetitious, irrelevant or for
138 purposes of harassment; or (2) the defendant that unrestricted
139 participation during the course of the litigation by the person bringing
140 the action would be for purposes of harassment or would cause the
141 defendant undue burden or unnecessary expense, the court may, in its
142 discretion, impose limitations on the person's participation, including,
143 but not limited to, limiting the number of witnesses that such person
144 may call, limiting the length of the testimony of any such witnesses,
145 limiting the person's cross-examination of any such witnesses or
146 otherwise limiting the participation by the person in the litigation.

147 (e) If the court awards civil penalties or damages to the state or if the
148 Attorney General settles with the defendant and receives civil
149 penalties or damages, the person bringing such action shall receive
150 from the proceeds not less than fifteen per cent but not more than
151 twenty-five per cent of such proceeds of the action or settlement of the
152 claim, based upon the extent to which the person substantially
153 contributed to the prosecution of the action. Any such person shall also
154 receive an amount for reasonable expenses which the court finds to
155 have been necessarily incurred, plus reasonable attorneys' fees and
156 costs. All such expenses, fees and costs shall be awarded against the
157 defendant.

158 (f) Notwithstanding the provisions of subsection (e) of this section,
159 where the action is one that the court finds to be based primarily on
160 disclosures of specific information relating to allegations or
161 transactions (1) in a criminal, civil or administrative hearing, (2) in a
162 report, hearing, audit or investigation conducted by the General
163 Assembly, a committee of the General Assembly, the Auditors of
164 Public Accounts, a state agency or a quasi-public agency, or (3) from
165 the news media, the court may award from such proceeds to the
166 person bringing the action such sums as it considers appropriate, but
167 in no case more than ten per cent of the proceeds, taking into account
168 the significance of the information and the role of the person bringing

169 the action in advancing the case to litigation. Any such person shall
170 also receive an amount for reasonable expenses that the court finds to
171 have been necessarily incurred, plus reasonable attorneys' fees and
172 costs. All such expenses, fees and costs shall be awarded against the
173 defendant.

174 Sec. 6. (NEW) (*Effective from passage*) (a) If the Attorney General
175 declines to proceed with the action, the person who brought the action
176 shall have the right to conduct the action. In the event that the
177 Attorney General declines to proceed with the action, upon the request
178 of the Attorney General, the court shall order that copies of all
179 pleadings filed in the action and copies of any deposition transcripts be
180 provided to the state. When the person who brought the action
181 proceeds with the action, the court, without limiting the status and
182 rights of such person, may permit the Attorney General to intervene at
183 a later date upon a showing of good cause.

184 (b) A person bringing an action under this section or settling the
185 claim shall receive an amount which the court decides is reasonable for
186 collecting the civil penalty and damages. The amount shall be not less
187 than twenty-five per cent or more than thirty per cent of the proceeds
188 of the action or settlement and shall be paid out of such proceeds. Such
189 person shall also receive an amount for reasonable expenses that the
190 court finds to have been necessarily incurred, plus reasonable
191 attorneys' fees and costs. All such expenses, fees and costs shall be
192 awarded against the defendant.

193 (c) If a defendant prevails in the action conducted under this section
194 and the court finds that the claim of the person bringing the action was
195 clearly frivolous, clearly vexatious or brought primarily for purposes
196 of harassment, the court may award reasonable attorneys' fees and
197 expenses to the defendant.

198 (d) Irrespective of whether the Attorney General proceeds with the
199 action, upon request and showing by the Attorney General that certain
200 motions or requests for discovery by a person bringing the action

201 would interfere with the state's investigation or prosecution of a
202 criminal or civil matter arising out of the same facts, the court may stay
203 such discovery for a period of not more than sixty days from the date
204 of the order of the stay. Such a showing shall be conducted in camera.
205 The court may extend the stay for an additional sixty-day period upon
206 a further showing in camera that the state has pursued the criminal or
207 civil investigation or proceedings with reasonable diligence and any
208 proposed discovery in the civil action will interfere with the ongoing
209 criminal or civil investigation or proceedings. For the purposes of this
210 subsection, the Chief State's Attorney or state's attorney for the
211 appropriate judicial district may appear to explain to the court the
212 potential impact of such discovery on a pending criminal investigation
213 or prosecution.

214 Sec. 7. (NEW) (*Effective from passage*) Notwithstanding the provisions
215 of section 4 of this act, the Attorney General may elect to pursue the
216 state's claim through any alternate remedy available to the state,
217 including any administrative proceeding to determine a civil penalty.
218 If any such alternate remedy is pursued in another proceeding, the
219 person bringing the action shall have the same rights in such
220 proceeding as such person would have had if the action had continued
221 under the provisions of sections 4 to 6, inclusive, of this act. Any
222 finding of fact or conclusion of law made in such other proceeding that
223 has become final shall be conclusive on all parties to an action under
224 sections 4 to 6, inclusive, of this act. A finding or conclusion is final if it
225 has been finally determined on appeal to the appropriate court of the
226 state, if the time for filing such an appeal with respect to the finding or
227 conclusion has expired or if the finding or conclusion is not subject to
228 judicial review.

229 Sec. 8. (NEW) (*Effective from passage*) Notwithstanding the provisions
230 of sections 5 and 6 of this act, if the court finds that the action was
231 brought by a person who planned and initiated the violation of
232 subsection (a) of section 2 of this act, upon which violation an action
233 was brought, then the court may reduce the share of the proceeds of

234 the action that the person would otherwise receive under section 5 or 6
235 of this act, taking into account the role of that person in advancing the
236 case to litigation and any relevant circumstances pertaining to the
237 violation. If a person bringing the action is convicted of criminal
238 conduct arising from his or her role in the violation of subsection (a) of
239 section 2 of this act, such person shall be dismissed from the civil
240 action and shall not receive any share of the proceeds of the action.
241 Such dismissal shall not prejudice the right of the Attorney General to
242 continue the action.

243 Sec. 9. (NEW) (*Effective from passage*) (a) No court shall have
244 jurisdiction over an action brought under section 4 of this act (1)
245 against a member of the General Assembly, a member of the judiciary
246 or an elected officer or department head of the state if the action is
247 based on evidence or information known to the state when the action
248 was brought; (2) that is based upon allegations or transactions that are
249 the subject of a civil suit or an administrative civil penalty proceeding
250 in which the state is already a party; or (3) that is based upon the
251 public disclosure of allegations or transactions (A) in a criminal, civil
252 or administrative hearing, (B) in a report, hearing, audit or
253 investigation, conducted by the General Assembly, a committee of the
254 General Assembly, the Auditors of Public Accounts, a state agency or a
255 quasi-public agency, or (C) from the news media, unless such action is
256 brought by the Attorney General or the person bringing the action is
257 an original source of the information. For the purposes of this
258 subsection, "original source" means an individual who has direct and
259 independent knowledge of the information on which the allegations
260 are based and has voluntarily provided the information to the state
261 before filing an action under section 4 of this act based on such
262 information.

263 (b) No court shall have jurisdiction over an action brought under
264 section 4 of this act by a person who knew or had reason to know that
265 the Attorney General or another state law enforcement official knew of
266 the allegations or transactions prior to such person filing the action or

267 serving the disclosure of material evidence.

268 Sec. 10. (NEW) (*Effective from passage*) The state of Connecticut shall
269 not be liable for expenses which a person incurs in bringing an action
270 under sections 4 to 7, inclusive, of this act.

271 Sec. 11. (NEW) (*Effective from passage*) Any employee who is
272 discharged, demoted, suspended, threatened, harassed or in any other
273 manner discriminated against in the terms and conditions of
274 employment by his or her employer because of lawful acts done by the
275 employee on behalf of the employee or others in furtherance of an
276 action under sections 3 to 7, inclusive, of this act, including
277 investigation for, initiation of, testimony for or assistance in an action
278 filed or to be filed under sections 3 to 7, inclusive, of this act, shall be
279 entitled to all relief necessary to make the employee whole. Such relief
280 shall include reinstatement with the same seniority status such
281 employee would have had but for the discrimination, two times the
282 amount of any back pay, interest on any back pay and compensation
283 for any special damages sustained as a result of the discrimination,
284 including litigation costs and reasonable attorneys' fees. An employee
285 may bring an action in the Superior Court for the relief provided in
286 this section.

287 Sec. 12. (NEW) (*Effective from passage*) A civil action under sections 3
288 to 7, inclusive, of this act may not be brought: (1) More than six years
289 after the date on which the violation of subsection (a) of section 2 of
290 this act is committed, or (2) more than three years after the date when
291 facts material to the right of action are known or reasonably should
292 have been known by the official of the state charged with
293 responsibility to act in the circumstances, but in no event more than
294 ten years after the date on which the violation is committed, whichever
295 last occurs.

296 Sec. 13. (NEW) (*Effective from passage*) In any action brought under
297 sections 3 to 7, inclusive, of this act, the Attorney General or the person
298 initiating such action shall be required to prove all essential elements

299 of the cause of action, including damages, by a preponderance of the
300 evidence.

301 Sec. 14. (NEW) (*Effective from passage*) Notwithstanding any other
302 provision of law, a final judgment rendered in favor of the state
303 against a defendant in any criminal proceeding charging fraud or false
304 statements, whether upon a verdict after trial or upon a plea of guilty
305 or nolo contendere, shall estop such defendant from denying the
306 essential elements of the offense in any action which involves the same
307 transaction as in the criminal proceeding and which is brought in
308 accordance with the provisions of sections 3 to 7, inclusive, of this act.

309 Sec. 15. (NEW) (*Effective from passage*) The provisions of sections 1 to
310 15, inclusive, of this act and subsection (a) of section 4-61dd of the
311 general statutes, as amended by this act, are not exclusive, and the
312 remedies provided for shall be in addition to any other remedies
313 provided for in any other provision of the general statutes or federal
314 law or available under common law.

315 Sec. 16. Subsection (a) of section 4-61dd of the general statutes is
316 repealed and the following is substituted in lieu thereof (*Effective from*
317 *passage*):

318 (a) Any person having knowledge of any matter involving
319 corruption, unethical practices, violation of state laws or regulations,
320 mismanagement, gross waste of funds, abuse of authority or danger to
321 the public safety occurring in any state department or agency or any
322 quasi-public agency, as defined in section 1-120, or any person having
323 knowledge of any matter involving corruption, violation of state or
324 federal laws or regulations, gross waste of funds, abuse of authority or
325 danger to the public safety occurring in any large state contract, may
326 transmit all facts and information in such person's possession
327 concerning such matter to the Auditors of Public Accounts. The
328 Auditors of Public Accounts shall review such matter and report their
329 findings and any recommendations to the Attorney General. Upon
330 receiving such a report, the Attorney General shall make such

331 investigation as the Attorney General deems proper regarding such
 332 report and any other information that may be reasonably derived from
 333 such report. Prior to conducting an investigation of any information
 334 that may be reasonably derived from such report, the Attorney
 335 General shall consult with the Auditors of Public Accounts concerning
 336 the relationship of such additional information to the report that has
 337 been issued pursuant to this subsection. Any such subsequent
 338 investigation deemed appropriate by the Attorney General shall only
 339 be conducted with the concurrence and assistance of the Auditors of
 340 Public Accounts. At the request of the Attorney General or on their
 341 own initiative, the auditors shall assist in the investigation. The
 342 Attorney General shall have power to summon witnesses, require the
 343 production of any necessary books, papers or other documents and
 344 administer oaths to witnesses, where necessary, for the purpose of an
 345 investigation pursuant to this section or for the purpose of
 346 investigating a suspected violation of subsection (a) of section 2 of this
 347 act until such time as the Attorney General files a civil action pursuant
 348 to section 3 of this act. Upon the conclusion of the investigation, the
 349 Attorney General shall where necessary, report any findings to the
 350 Governor, or in matters involving criminal activity, to the Chief State's
 351 Attorney. In addition to the exempt records provision of section 1-210,
 352 as amended by this act, the Auditors of Public Accounts and the
 353 Attorney General shall not, after receipt of any information from a
 354 person under the provisions of this section or sections 3 to 7, inclusive,
 355 of this act, disclose the identity of such person without such person's
 356 consent unless the Auditors of Public Accounts or the Attorney
 357 General determines that such disclosure is unavoidable, and may
 358 withhold records of such investigation, during the pendency of the
 359 investigation.

360 Sec. 17. Subdivision (13) of subsection (b) of section 1-210 of the
 361 general statutes is repealed and the following is substituted in lieu
 362 thereof (*Effective from passage*):

363 (13) Records of an investigation or the name of an employee

364 providing information under the provisions of section 4-61dd, as
365 amended by this act, or sections 3 to 7, inclusive, of this act.

366 Sec. 18. (NEW) (*Effective from passage*) On the thirtieth day after the
367 effective date of this section, and annually thereafter, the Attorney
368 General shall submit a report to the General Assembly and the
369 Governor, in accordance with section 11-4a of the general statutes, that
370 contains the following information:

371 (1) The number of civil actions the Attorney General filed during the
372 previous calendar year under sections 3 to 7, inclusive, of this act;

373 (2) The number of civil actions private individuals filed during the
374 previous calendar year under sections 3 to 7, inclusive, of this act,
375 including the number of civil actions that remain under seal, along
376 with (A) the state or federal courts in which such civil actions were
377 filed and the number of civil actions filed in each such court, (B) the
378 state program or agency involved in each civil action, and (C) the
379 number of civil actions filed by private individuals who previously
380 had filed an action based on the same or similar transactions or
381 allegations under the federal False Claims Act, 31 USC 3729-3733, as
382 amended from time to time, or the false claims act of any other state;
383 and

384 (3) The amount that was recovered by the state under sections 3 to 7,
385 inclusive, of this act in settlement, damages and penalties and the
386 litigation cost, if known, along with the (A) case number and parties
387 for each civil action where there was a recovery, (B) separate amount
388 of any funds recovered for damages, penalties and litigation costs, and
389 (C) per cent of the recovery and the amount that the state paid to any
390 private person who brought the civil action.

391 Sec. 19. Section 17a-317 of the general statutes is repealed and the
392 following is substituted in lieu thereof (*Effective from passage*):

393 (a) Effective [July 1, 2008] July 1, 2010, there shall be established a

394 Department on Aging which shall be under the direction and
395 supervision of the Commissioner on Aging who shall be appointed by
396 the Governor in accordance with the provisions of sections 4-5 to 4-8,
397 inclusive, with the powers and duties prescribed in said sections. The
398 commissioner shall be knowledgeable and experienced with respect to
399 the conditions and needs of elderly persons and shall serve on a full-
400 time basis.

401 (b) The Commissioner on Aging shall administer all laws under the
402 jurisdiction of the Department on Aging and shall employ the most
403 efficient and practical means for the provision of care and protection of
404 elderly persons. The commissioner shall have the power and duty to
405 do the following: (1) Administer, coordinate and direct the operation
406 of the department; (2) adopt and enforce regulations, in accordance
407 with chapter 54, as necessary to implement the purposes of the
408 department as established by statute; (3) establish rules for the internal
409 operation and administration of the department; (4) establish and
410 develop programs and administer services to achieve the purposes of
411 the department; (5) contract for facilities, services and programs to
412 implement the purposes of the department; (6) act as advocate for
413 necessary additional comprehensive and coordinated programs for
414 elderly persons; (7) assist and advise all appropriate state, federal, local
415 and area planning agencies for elderly persons in the performance of
416 their functions and duties pursuant to federal law and regulation; (8)
417 plan services and programs for elderly persons; (9) coordinate
418 outreach activities by public and private agencies serving elderly
419 persons; and (10) consult and cooperate with area and private
420 planning agencies.

421 (c) The functions, powers, duties and personnel of the Division of
422 Elderly Services of the Department of Social Services, or any
423 subsequent division or portion of a division with similar functions,
424 powers, personnel and duties, shall be transferred to the Department
425 on Aging pursuant to the provisions of sections 4-38d, 4-38e and 4-39.

426 (d) Any order or regulation of the Department of Social Services or
427 the Commission on Aging that is in force on July 1, 2008, shall continue
428 in force and effect as an order or regulation until amended, repealed or
429 superseded pursuant to law.

430 Sec. 20. Section 17b-257a of the general statutes is repealed and the
431 following is substituted in lieu thereof (*Effective from passage*):

432 (a) Qualified aliens, as defined in [section] Section 431 of Public Law
433 104-193, admitted into the United States prior to August 22, 1996, shall
434 be eligible for Medicaid provided other conditions of eligibility are
435 met. Qualified aliens admitted into the United States on or after
436 August 22, 1996, shall be eligible for Medicaid subsequent to five years
437 from the date admitted, except if the individual is otherwise qualified
438 for the purposes of state receipt of federal financial participation under
439 Title IV of Public Law 104-193, such individual shall be eligible for
440 Medicaid regardless of the date admitted.

441 (b) Not later than January 1, 2010, the Commissioner of Social
442 Services shall seek federal funds to provide medical assistance to
443 qualified alien children and pregnant women whose date of admission
444 into the United States is less than five years before the date services are
445 provided.

446 Sec. 21. Section 17a-50 of the general statutes is repealed and the
447 following is substituted in lieu thereof (*Effective from passage*):

448 (a) There is established a Children's Trust Fund, the resources of
449 which shall be used by the council established pursuant to subsection
450 (b) of this section and the Commissioner of Social Services with the
451 advice of the Children's Trust Fund Council to fund programs aimed
452 at preventing child abuse and neglect and family resource programs.
453 Said fund is intended to be in addition to those resources that would
454 otherwise be appropriated by the state for programs aimed at
455 preventing child abuse and neglect and family resource programs. The
456 Children's Trust Fund Council and the commissioner may apply for

457 and accept any federal funds which are available for a Children's Trust
458 Fund and shall administer such funds in the manner required by
459 federal law. The fund shall receive money from grants and gifts made
460 pursuant to section 17a-18, as amended by this act. The Children's
461 Trust Fund Council and the commissioner may solicit and accept
462 funds, on behalf of the Children's Trust Fund, to be used for the
463 prevention of child abuse and neglect and family resource programs.
464 The Commissioner of Social Services, with the advice of the Children's
465 Trust Fund Council, shall adopt regulations, in accordance with the
466 provisions of chapter 54, to administer the fund and to set eligibility
467 requirements for programs seeking funding. Youth service bureaus
468 may receive funds from the Children's Trust Fund. The Parent Trust
469 Fund, established pursuant to subsection (c) of this section, may
470 receive funds directed to it through the Children's Trust Fund.

471 (b) There shall be established, within existing resources, a Children's
472 Trust Fund Council which shall be within the Department of [Children
473 and Families for administrative purposes only] Social Services. The
474 council shall be composed of sixteen members as follows: (1) The
475 Commissioners of Social Services, Education, Children and Families
476 and Public Health, or their designees; (2) a representative of the
477 business community with experience in fund-raising, appointed by the
478 president pro tempore of the Senate; (3) a representative of the
479 business community with experience in fund-raising, appointed by the
480 speaker of the House of Representatives; (4) a representative of the
481 business community with experience in fund-raising, appointed by the
482 minority leader of the House of Representatives; (5) a representative of
483 the business community with experience in fund-raising, appointed by
484 the minority leader of the Senate; (6) a parent, appointed by the
485 majority leader of the House of Representatives; (7) a parent,
486 appointed by the majority leader of the Senate; (8) a parent, appointed
487 by the president pro tempore of the Senate; (9) a person with expertise
488 in child abuse prevention, appointed by the speaker of the House of
489 Representatives; (10) a person with expertise in child abuse prevention,
490 appointed by the minority leader of the House of Representatives; (11)

491 a staff member of a child abuse prevention program, appointed by the
492 minority leader of the Senate; (12) a staff member of a child abuse
493 prevention program, appointed by the majority leader of the House of
494 Representatives; and (13) a pediatrician, appointed by the majority
495 leader of the Senate. The council shall solicit and accept funds, on
496 behalf of the Children's Trust Fund, to be used for the prevention of
497 child abuse and neglect and family resource programs, or on behalf of
498 the Parent Trust Fund, to be used for parent community involvement
499 to improve the health, safety and education of children, and shall make
500 grants to programs pursuant to subsections (a) and (c) of this section.
501 [The council may, subject to the provisions of chapter 67, employ an
502 executive director and any necessary staff within available
503 appropriations.]

504 (c) There is established a Parent Trust Fund which shall be used to
505 fund programs aimed at improving the health, safety and education of
506 children by training parents in civic leadership skills and supporting
507 increased, sustained, quality parental engagement in community
508 affairs. The fund shall receive federal or private money from grants
509 and gifts made pursuant to section 17a-18.

510 (d) On or before July 1, [1997] 2010, and annually thereafter, the
511 Children's Trust Fund Council and the commissioner shall report, in
512 accordance with the provisions of section 11-4a, to the Governor and
513 the joint standing committees of the General Assembly having
514 cognizance of matters relating to human services, public health and
515 education concerning the source and amount of funds received by the
516 Children's Trust Fund and the Parent Trust Fund, and the manner in
517 which such funds were administered and disbursed.

518 Sec. 22. Section 17a-50a of the general statutes is repealed and the
519 following is substituted in lieu thereof (*Effective from passage*):

520 A grandparent or other relative caregiver who is appointed a
521 guardian of a child or children through the Superior Court and who is
522 not a recipient of subsidized guardianship subsidies under section 17a-

126, as amended by this act, or foster care payments from the Department of Children and Families shall, within available appropriations, be eligible to apply for grants under the Kinship Fund and Grandparents and Relatives Respite Fund administered by the Children's Trust Fund Council and the Department of Social Services through the Probate Court.

Sec. 23. Section 17b-12 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Commissioner of Social Services may accept and receive, on behalf of the Department of Social Services or on behalf of the Children's Trust Fund or the Parent Trust Fund established pursuant to section 17a-50, as amended by this act, any bequest or gift of personal property for services for a person who is, or members of whose immediate family are, receiving assistance or services from the Department of Social Services, or both, or for services for a former or potential recipient of assistance from the Department of Social Services or for programs or services described in section 17a-50, as amended by this act. Any federal funds generated by virtue of any such bequest or gift may be used for the extension of services to such person or family members.

Sec. 24. Section 17a-18 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Commissioner of Children and Families may accept and receive on behalf of the department or any institution or facility thereof, [or on behalf of the Children's Trust Fund or the Parent Trust Fund established pursuant to section 17a-50,] subject to section 4b-22, any bequest, devise or grant made to the department or to any institution or facility thereof [, or to the Children's Trust Fund or the Parent Trust Fund,] and may hold and use such property for the purpose specified in such bequest, devise or gift.

Sec. 25. Section 17a-56 of the general statutes is repealed and the

554 following is substituted in lieu thereof (*Effective from passage*):

555 (a) The Children's Trust Fund Council shall establish the structure
556 for a state-wide system for a Nurturing Families Network, which [is
557 intended to demonstrate] demonstrates the benefits of preventive
558 services by significantly reducing the abuse and neglect of infants and
559 by enhancing parent-child relationships through hospital-based
560 assessment with home outreach follow-up on infants and their families
561 within families identified as high risk.

562 [(b) Within available appropriations, the Children's Trust Fund
563 Council shall establish Nurturing Families Network pilot programs in
564 geographic areas which are not currently served by prevention
565 outreach services and which have a high rate of confirmed child abuse
566 and neglect, a high rate of infant mortality and low birthweight
567 infants, or a high rate of teen pregnancy.

568 (c) The Nurturing Families Network pilot programs shall: (1)
569 Provide a comprehensive risk assessment of all newborn children and
570 their families; (2) identify families that would benefit most from the
571 program; (3) provide and coordinate support services including, but
572 not limited to, community-based home visiting intervention services,
573 counseling, child care and primary health care services; and (4)
574 provide follow-up and support services until the child attains the age
575 of five.]

576 [(d)] (b) The Children's Trust Fund Council shall: (1) Develop the
577 comprehensive risk assessment to be used by the [pilot programs]
578 Nurturing Families Network's providers; (2) develop the training
579 program, standards, and protocols for the pilot programs; and (3)
580 develop, issue and evaluate requests for proposals to procure the
581 services required by this section. In evaluating the proposals, the
582 Children's Trust Fund Council shall take into consideration the most
583 effective and consistent service delivery system allowing for the
584 continuation of current public and private programs.

585 [(e)] (c) The Children's Trust Fund Council shall establish a data
586 system to enable the programs to document the following information
587 in a standard manner: (1) The level of screening and assessment; (2)
588 profiles of risk and family demographics; (3) the incidence of child
589 abuse and neglect; (4) rates of child development; and (5) any other
590 information the Children's Trust Fund Council deems appropriate.

591 [(f)] (d) The Children's Trust Fund Council shall report to the
592 General Assembly, in accordance with the provisions of section 11-4a,
593 on the establishment, implementation and progress of the Nurturing
594 Families Network, on January first and July first, of each year.

595 Sec. 26. Section 17a-56a of the general statutes is repealed and the
596 following is substituted in lieu thereof (*Effective from passage*):

597 (a) There is established a Nurturing Families Network Advisory
598 Commission to monitor the state-wide system for the Nurturing
599 Families Network developed pursuant to section 17a-56. The
600 commission shall consist of: (1) One member appointed by the speaker
601 of the House of Representatives and one member appointed by the
602 president pro tempore of the Senate, who shall be members of the
603 General Assembly; (2) one member appointed by the minority leader
604 of the House of Representatives and one member appointed by the
605 minority leader of the Senate, who shall be members of the General
606 Assembly; (3) a representative of the Governor; (4) the Commissioner
607 of Children and Families, or his designee; (5) the Commissioner of
608 Social Services, or his designee; (6) the Commissioner of Public Health,
609 or his designee; (7) the Commissioner of Education, or his designee; (8)
610 the Secretary of the Office of Policy and Management, or his designee;
611 (9) the executive director of the Commission on Children, or his
612 designee; (10) a representative of the Child Advocate's Office, who
613 shall be appointed by the minority leader of the House of
614 Representatives; and (11) a representative of the Connecticut Chapter
615 of the National Committee to Prevent Child Abuse who shall be
616 appointed by the majority leader of the Senate.

617 (b) The commission shall be responsible for: (1) [Reviewing the
618 Nurturing Families Network pilot sites and advising the General
619 Assembly on outcomes and recommending program modifications, if
620 necessary; (2) preparing plans to implement] Ensuring implementation
621 of the Nurturing Families Network on a state-wide basis; [(3)] (2)
622 monitoring cooperative, coordinated approaches of state and private
623 agencies involved in the Nurturing Families Network and expanding
624 such approaches to incorporate other, similar activities; [(4)] (3)
625 studying state and privately funded home visitation programs as an
626 initial step in establishing a cost-effective, collaborative and
627 comprehensive Nurturing Families Network system; [(5)] (4)
628 monitoring the effects of welfare reform on the factors associated with
629 the risk of child abuse; and [(6)] (5) building a network of public and
630 private state, regional and local organizations for the purpose of
631 collaborating to strengthen and support families with newborns and
632 children up to the age of five.

633 Sec. 27. (NEW) (*Effective from passage*) (a) The Department of Social
634 Services shall be the lead state agency for community-based,
635 prevention-focused programs and activities designed to strengthen
636 and support families to prevent child abuse and neglect, in
637 collaboration with the Children's Trust Fund Council, established
638 pursuant to section 17a-50, as amended by this act. The responsibilities
639 of the department shall include, but not be limited to, collaborating
640 with state agencies, hospitals, clinics, schools and community service
641 organizations, with the guidance of the Children's Trust Fund Council,
642 established pursuant to section 17a-50 of the general statutes, as
643 amended by this act, to: (1) Initiate programs to support families at risk
644 for child abuse or neglect; (2) assist organizations to recognize child
645 abuse and neglect; (3) encourage community safety; (4) increase broad-
646 based efforts to prevent child abuse and neglect; (5) create a network of
647 agencies to advance child abuse and neglect prevention; and (6)
648 increase public awareness of child abuse and neglect issues. The
649 department, with the guidance of the Children's Trust Fund Council
650 and subject to available state, federal and private funding, shall be

651 responsible for implementing and maintaining programs and services,
652 including, but not limited to: (A) The Nurturing Families Network,
653 established pursuant to subsection (a) of section 17a-56 of the general
654 statutes, as amended by this act; (B) Family Empowerment Initiative
655 programs; (C) Help Me Grow; (D) the Kinship Fund and
656 Grandparent's Respite Fund; (E) Family School Connection; (F)
657 support services for residents of a Respite Group Home for Girls; (G)
658 legal services on behalf of indigent children; (H) volunteer services; (I)
659 family development training; (J) shaken baby syndrome prevention;
660 and (K) child sexual abuse prevention.

661 (b) Not later than sixty days after the effective date of this section,
662 the Commissioner of Social Services shall report, in accordance with
663 section 11-4a of the general statutes, to the joint standing committees of
664 the General Assembly, having cognizance of matters relating to human
665 services and appropriations and the budgets of state agencies on the
666 integration of the duties described in subsection (a) of this section into
667 the department.

668 Sec. 28. (NEW) (*Effective from passage*) Any order, regulation or
669 contract of the Children's Trust Fund Council agency that is in force on
670 September 1, 2009, shall continue in force and effect as an order,
671 regulation or contract of the Department of Social Services until
672 amended, repealed or superseded pursuant to law.

673 Sec. 29. Subsection (a) of section 4-67x of the general statutes is
674 repealed and the following is substituted in lieu thereof (*Effective from*
675 *passage*):

676 (a) There shall be a Child Poverty and Prevention Council consisting
677 of the following members or their designees: The Secretary of the
678 Office of Policy and Management, the president pro tempore of the
679 Senate, the speaker of the House of Representatives, the minority
680 leader of the Senate and the minority leader of the House of
681 Representatives, the Commissioners of Children and Families, Social
682 Services, Correction, Developmental Services, Mental Health and

683 Addiction Services, Transportation, Public Health, Education,
 684 Economic and Community Development and Health Care Access, the
 685 Labor Commissioner, the Chief Court Administrator, the chairperson
 686 of the Board of Governors of Higher Education, the Child Advocate,
 687 the chairperson of the Children's Trust Fund Council and the executive
 688 directors of the Commission on Children and the Commission on
 689 Human Rights and Opportunities. The Secretary of the Office of Policy
 690 and Management, or the secretary's designee, shall be the chairperson
 691 of the council. The council shall (1) develop and promote the
 692 implementation of a ten-year plan, to begin June 8, 2004, to reduce the
 693 number of children living in poverty in the state by fifty per cent, and
 694 (2) within available appropriations, establish prevention goals and
 695 recommendations and measure prevention service outcomes in
 696 accordance with this section in order to promote the health and well-
 697 being of children and families.

698 Sec. 30. Subsection (d) of section 17b-265d of the general statutes is
 699 repealed and the following is substituted in lieu thereof (*Effective from*
 700 *passage*):

701 (d) Each full benefit dually eligible Medicare Part D beneficiary shall
 702 enroll in a Medicare Part D benchmark plan. To the extent permitted
 703 under federal law, the Commissioner of Social Services may be the
 704 authorized representative of a full benefit dually eligible Medicare Part
 705 D beneficiary for the purpose of enrolling the beneficiary in a Medicare
 706 Part D benchmark plan.

707 Sec. 31. Subsection (c) of section 17b-265d of the general statutes is
 708 repealed and the following is substituted in lieu thereof (*Effective from*
 709 *passage*):

710 (c) A full benefit dually eligible Medicare Part D beneficiary shall be
 711 responsible for any Medicare Part D prescription drug copayments
 712 imposed pursuant to Public Law 108-173, the Medicare Prescription
 713 Drug, Improvement, and Modernization Act of 2003, in amounts not to
 714 exceed fifteen dollars per month. The department shall be responsible

715 for payment, on behalf of [a full benefit dually eligible Medicare Part
716 D] such beneficiary, of any Medicare Part D prescription drug
717 copayments [imposed pursuant to Public Law 108-173, the Medicare
718 Prescription Drug, Improvement, and Modernization Act of 2003] in
719 any month in which such copayment amounts exceed fifteen dollars in
720 the aggregate.

721 Sec. 32. Subdivision (4) of subsection (f) of section 17b-340 of the
722 general statutes is repealed and the following is substituted in lieu
723 thereof (*Effective from passage*):

724 (4) For the fiscal year ending June 30, 1992, (A) no facility shall
725 receive a rate that is less than the rate it received for the rate year
726 ending June 30, 1991; (B) no facility whose rate, if determined pursuant
727 to this subsection, would exceed one hundred twenty per cent of the
728 state-wide median rate, as determined pursuant to this subsection,
729 shall receive a rate which is five and one-half per cent more than the
730 rate it received for the rate year ending June 30, 1991; and (C) no
731 facility whose rate, if determined pursuant to this subsection, would be
732 less than one hundred twenty per cent of the state-wide median rate,
733 as determined pursuant to this subsection, shall receive a rate which is
734 six and one-half per cent more than the rate it received for the rate year
735 ending June 30, 1991. For the fiscal year ending June 30, 1993, no
736 facility shall receive a rate that is less than the rate it received for the
737 rate year ending June 30, 1992, or six per cent more than the rate it
738 received for the rate year ending June 30, 1992. For the fiscal year
739 ending June 30, 1994, no facility shall receive a rate that is less than the
740 rate it received for the rate year ending June 30, 1993, or six per cent
741 more than the rate it received for the rate year ending June 30, 1993.
742 For the fiscal year ending June 30, 1995, no facility shall receive a rate
743 that is more than five per cent less than the rate it received for the rate
744 year ending June 30, 1994, or six per cent more than the rate it received
745 for the rate year ending June 30, 1994. For the fiscal years ending June
746 30, 1996, and June 30, 1997, no facility shall receive a rate that is more
747 than three per cent more than the rate it received for the prior rate

748 year. For the fiscal year ending June 30, 1998, a facility shall receive a
749 rate increase that is not more than two per cent more than the rate that
750 the facility received in the prior year. For the fiscal year ending June
751 30, 1999, a facility shall receive a rate increase that is not more than
752 three per cent more than the rate that the facility received in the prior
753 year and that is not less than one per cent more than the rate that the
754 facility received in the prior year, exclusive of rate increases associated
755 with a wage, benefit and staffing enhancement rate adjustment added
756 for the period from April 1, 1999, to June 30, 1999, inclusive. For the
757 fiscal year ending June 30, 2000, each facility, except a facility with an
758 interim rate or replaced interim rate for the fiscal year ending June 30,
759 1999, and a facility having a certificate of need or other agreement
760 specifying rate adjustments for the fiscal year ending June 30, 2000,
761 shall receive a rate increase equal to one per cent applied to the rate the
762 facility received for the fiscal year ending June 30, 1999, exclusive of
763 the facility's wage, benefit and staffing enhancement rate adjustment.
764 For the fiscal year ending June 30, 2000, no facility with an interim rate,
765 replaced interim rate or scheduled rate adjustment specified in a
766 certificate of need or other agreement for the fiscal year ending June
767 30, 2000, shall receive a rate increase that is more than one per cent
768 more than the rate the facility received in the fiscal year ending June
769 30, 1999. For the fiscal year ending June 30, 2001, each facility, except a
770 facility with an interim rate or replaced interim rate for the fiscal year
771 ending June 30, 2000, and a facility having a certificate of need or other
772 agreement specifying rate adjustments for the fiscal year ending June
773 30, 2001, shall receive a rate increase equal to two per cent applied to
774 the rate the facility received for the fiscal year ending June 30, 2000,
775 subject to verification of wage enhancement adjustments pursuant to
776 subdivision (15) of this subsection. For the fiscal year ending June 30,
777 2001, no facility with an interim rate, replaced interim rate or
778 scheduled rate adjustment specified in a certificate of need or other
779 agreement for the fiscal year ending June 30, 2001, shall receive a rate
780 increase that is more than two per cent more than the rate the facility
781 received for the fiscal year ending June 30, 2000. For the fiscal year

782 ending June 30, 2002, each facility shall receive a rate that is two and
783 one-half per cent more than the rate the facility received in the prior
784 fiscal year. For the fiscal year ending June 30, 2003, each facility shall
785 receive a rate that is two per cent more than the rate the facility
786 received in the prior fiscal year, except that such increase shall be
787 effective January 1, 2003, and such facility rate in effect for the fiscal
788 year ending June 30, 2002, shall be paid for services provided until
789 December 31, 2002, except any facility that would have been issued a
790 lower rate effective July 1, 2002, than for the fiscal year ending June 30,
791 2002, due to interim rate status or agreement with the department shall
792 be issued such lower rate effective July 1, 2002, and have such rate
793 increased two per cent effective June 1, 2003. For the fiscal year ending
794 June 30, 2004, rates in effect for the period ending June 30, 2003, shall
795 remain in effect, except any facility that would have been issued a
796 lower rate effective July 1, 2003, than for the fiscal year ending June 30,
797 2003, due to interim rate status or agreement with the department shall
798 be issued such lower rate effective July 1, 2003. For the fiscal year
799 ending June 30, 2005, rates in effect for the period ending June 30, 2004,
800 shall remain in effect until December 31, 2004, except any facility that
801 would have been issued a lower rate effective July 1, 2004, than for the
802 fiscal year ending June 30, 2004, due to interim rate status or
803 agreement with the department shall be issued such lower rate
804 effective July 1, 2004. Effective January 1, 2005, each facility shall
805 receive a rate that is one per cent greater than the rate in effect
806 December 31, 2004. Effective upon receipt of all the necessary federal
807 approvals to secure federal financial participation matching funds
808 associated with the rate increase provided in this subdivision, but in
809 no event earlier than July 1, 2005, and provided the user fee imposed
810 under section 17b-320 is required to be collected, for the fiscal year
811 ending June 30, 2006, the department shall compute the rate for each
812 facility based upon its 2003 cost report filing or a subsequent cost year
813 filing for facilities having an interim rate for the period ending June 30,
814 2005, as provided under section 17-311-55 of the regulations of
815 Connecticut state agencies. For each facility not having an interim rate

816 for the period ending June 30, 2005, the rate for the period ending June
817 30, 2006, shall be determined beginning with the higher of the
818 computed rate based upon its 2003 cost report filing or the rate in
819 effect for the period ending June 30, 2005. Such rate shall then be
820 increased by eleven dollars and eighty cents per day except that in no
821 event shall the rate for the period ending June 30, 2006, be thirty-two
822 dollars more than the rate in effect for the period ending June 30, 2005,
823 and for any facility with a rate below one hundred ninety-five dollars
824 per day for the period ending June 30, 2005, such rate for the period
825 ending June 30, 2006, shall not be greater than two hundred seventeen
826 dollars and forty-three cents per day and for any facility with a rate
827 equal to or greater than one hundred ninety-five dollars per day for
828 the period ending June 30, 2005, such rate for the period ending June
829 30, 2006, shall not exceed the rate in effect for the period ending June
830 30, 2005, increased by eleven and one-half per cent. For each facility
831 with an interim rate for the period ending June 30, 2005, the interim
832 replacement rate for the period ending June 30, 2006, shall not exceed
833 the rate in effect for the period ending June 30, 2005, increased by
834 eleven dollars and eighty cents per day plus the per day cost of the
835 user fee payments made pursuant to section 17b-320 divided by
836 annual resident service days, except for any facility with an interim
837 rate below one hundred ninety-five dollars per day for the period
838 ending June 30, 2005, the interim replacement rate for the period
839 ending June 30, 2006, shall not be greater than two hundred seventeen
840 dollars and forty-three cents per day and for any facility with an
841 interim rate equal to or greater than one hundred ninety-five dollars
842 per day for the period ending June 30, 2005, the interim replacement
843 rate for the period ending June 30, 2006, shall not exceed the rate in
844 effect for the period ending June 30, 2005, increased by eleven and one-
845 half per cent. Such July 1, 2005, rate adjustments shall remain in effect
846 unless (i) the federal financial participation matching funds associated
847 with the rate increase are no longer available; or (ii) the user fee
848 created pursuant to section 17b-320 is not in effect. For the fiscal year
849 ending June 30, 2007, each facility shall receive a rate that is three per

cent greater than the rate in effect for the period ending June 30, 2006, except any facility that would have been issued a lower rate effective July 1, 2006, than for the rate period ending June 30, 2006, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2006. For the fiscal year ending June 30, 2008, each facility shall receive a rate that is two and nine-tenths per cent greater than the rate in effect for the period ending June 30, 2007, except any facility that would have been issued a lower rate effective July 1, 2007, than for the rate period ending June 30, 2007, due to interim rate status or agreement with the department, shall be issued such lower rate effective July 1, 2007. For the fiscal year ending June 30, 2009, rates in effect for the period ending June 30, 2008, shall remain in effect until June 30, 2009, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2009, due to interim rate status or agreement with the department shall be issued such lower rate. For the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect for the period ending June 30, 2009, shall remain in effect until June 30, 2011, except any facility that would have been issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal year ending June 30, 2011, due to interim rate status or agreement with the department, shall be issued such lower rate. The Commissioner of Social Services shall add fair rent increases to any other rate increases established pursuant to this subdivision for a facility which has undergone a material change in circumstances related to fair rent, except for the fiscal year ending June 30, 2010, and the fiscal year ending June 30, 2011, such fair rent increases shall only be provided to facilities with an approved certificate of need pursuant to section 17b-352, 17b-353, 17b-354 or 17b-355. Interim rates may take into account reasonable costs incurred by a facility, including wages and benefits.

Sec. 33. Subsection (a) of section 17b-492 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Eligibility for participation in the program shall be limited to any

883 resident (1) who is sixty-five years of age or older or who is disabled,
 884 (2) whose current annual income at the time of application or
 885 redetermination, if unmarried, is less than twenty thousand eight
 886 hundred dollars or whose annual income, if married, when combined
 887 with that of the resident's spouse is less than twenty-eight thousand
 888 one hundred dollars, (3) who is not insured under a policy which
 889 provides full or partial coverage for prescription drugs once a
 890 deductible is met, except for a Medicare prescription drug discount
 891 card endorsed by the Secretary of Health and Human Services in
 892 accordance with Public Law 108-173, the Medicare Prescription Drug,
 893 Improvement, and Modernization Act of 2003, or coverage under
 894 Medicare Part D pursuant to said act, and (4) on and after September
 895 15, 1991, who pays an annual [thirty-dollar] forty-five-dollar
 896 registration fee to the Department of Social Services. On January 1,
 897 [1998] 2012, and annually thereafter, the commissioner shall increase
 898 the income limits established under this subsection over those of the
 899 previous fiscal year to reflect the annual inflation adjustment in Social
 900 Security income, if any. Each such adjustment shall be determined to
 901 the nearest one hundred dollars. On and after October 1, 2009, new
 902 applications to participate in the ConnPACE program may be accepted
 903 only from the fifteenth day of November through the thirtieth day of
 904 December each year, except that individuals may apply within thirty-
 905 one days of (A) reaching sixty-five years of age, or (B) becoming
 906 eligible for Social Security Disability Income or Supplemental Security
 907 Income.

908 Sec. 34. Section 17b-491a of the general statutes is repealed and the
 909 following is substituted in lieu thereof (*Effective from passage*):

910 (a) The Commissioner of Social Services may require prior
 911 authorization of any prescription for a drug covered under [the
 912 Medicaid, state-administered general assistance, or ConnPACE
 913 program,] a medical assistance program administered by the
 914 Department of Social Services, including an over-the-counter drug.
 915 [including (1) any early refill of a prescription drug covered under any

916 of said programs; and (2) brand name drug products when a
917 chemically equivalent generic drug product substitution is available.]
918 The authorization for a brand name drug product shall be valid for one
919 year from the date the prescription is first filled. The Commissioner of
920 Social Services shall establish a procedure by which prior
921 authorization under this subsection shall be obtained from an
922 independent pharmacy consultant acting on behalf of the Department
923 of Social Services, under an administrative services only contract. [If
924 prior authorization is not granted or denied within two hours of
925 receipt by the commissioner of the request for prior authorization, it
926 shall be deemed granted.]

927 (b) [The Commissioner of Social Services, to increase cost-efficiency
928 or enhance access to a particular prescription drug, may designate
929 specific suppliers of a prescription drug from which a dispensing
930 pharmacy shall order the prescription to be delivered to the pharmacy
931 and billed by the supplier to the department. For each prescription
932 dispensed through designated suppliers, the department shall pay the
933 dispensing pharmacy a handling fee not to exceed four hundred per
934 cent of the dispensing fee established pursuant to section 17b-280. In
935 no event shall the provisions of this subsection be construed to allow
936 the commissioner to purchase all prescription drugs covered under the
937 Medicaid, state-administered general assistance, and ConnPACE
938 programs under one contract.] When prior authorization is required
939 for coverage of a prescription drug under a medical assistance
940 program administered by the Department of Social Services and a
941 pharmacist is unable to obtain the prescribing physician's
942 authorization at the time the prescription is presented to be filled, the
943 pharmacist shall dispense a one-time fourteen-day supply. The
944 commissioner shall process a prior authorization request from a
945 physician or pharmacist not later than two hours after the
946 commissioner's receipt of the request. If prior authorization is not
947 granted or denied within two hours of receipt by the commissioner of
948 the request for prior authorization, it shall be deemed granted.

949 (c) Notwithstanding the provisions of section 17b-262 and any
 950 regulation adopted thereunder, on or after July 1, 2000, the
 951 Commissioner of Social Services may establish a schedule of maximum
 952 quantities of oral dosage units permitted to be dispensed at one time
 953 for prescriptions covered under [the Medicaid and state-administered
 954 general assistance programs] a medical assistance program
 955 administered by the Department of Social Services, including
 956 prescriptions for over-the-counter drugs, based on a review of
 957 utilization patterns.

958 (d) A [plan or] schedule established pursuant to subsection [(a), (b)
 959 or] (c) of this section and on and after July 1, 2005, any revisions
 960 thereto shall be submitted to the joint standing committees of the
 961 General Assembly having cognizance of matters relating to public
 962 health, human services and appropriations and the budgets of state
 963 agencies. Within sixty days of receipt of such a [plan or] schedule or
 964 revisions thereto, said joint standing committees of the General
 965 Assembly shall approve or deny the plan or schedule or any revisions
 966 thereto and advise the commissioner of their approval or denial of the
 967 [plan or] schedule or any revisions thereto. The [plan or] schedule or
 968 any revisions thereto shall be deemed approved unless all committees
 969 vote to reject such [plan or] schedule or revisions thereto within sixty
 970 days of receipt of such [plan or] schedule or revisions thereto.

971 Sec. 35. Section 19a-507 of the general statutes is repealed and the
 972 following is substituted in lieu thereof (*Effective from passage*):

973 (a) Notwithstanding the provisions of chapter 368z, New Horizons,
 974 Inc., a nonprofit, nonsectarian organization, or a subsidiary
 975 organization controlled by New Horizons, Inc., is authorized to
 976 construct and operate an independent living facility for severely
 977 physically disabled adults, in the town of Farmington, provided such
 978 facility shall be constructed in accordance with applicable building
 979 codes. The Farmington Housing Authority, or any issuer acting on
 980 behalf of said authority, subject to the provisions of this section, may

981 issue tax-exempt revenue bonds on a competitive or negotiated basis
982 for the purpose of providing construction and permanent mortgage
983 financing for the facility in accordance with Section 103 of the Internal
984 Revenue Code. Prior to the issuance of such bonds, plans for the
985 construction of the facility shall be submitted to and approved by the
986 Office of Health Care Access. The office shall approve or disapprove
987 such plans within thirty days of receipt thereof. If the plans are
988 disapproved they may be resubmitted. Failure of the office to act on
989 the plans within such thirty-day period shall be deemed approval
990 thereof. The payments to residents of the facility who are eligible for
991 assistance under the state supplement program for room and board
992 and necessary services, shall be determined annually to be effective
993 July first of each year. Such payments shall be determined on a basis of
994 a reasonable payment for necessary services, which basis shall take
995 into account as a factor the costs of providing those services and such
996 other factors as the commissioner deems reasonable, including
997 anticipated fluctuations in the cost of providing services. Such
998 payments shall be calculated in accordance with the manner in which
999 rates are calculated pursuant to subsection (h) of section 17b-340, as
1000 amended by this act, and the cost related reimbursement system
1001 pursuant to said section except that efficiency incentives shall not be
1002 granted. The commissioner may adjust such rates to account for the
1003 availability of personal care services for residents under the Medicaid
1004 program. The commissioner shall, upon submission of a request, allow
1005 actual debt service, comprised of principal and interest, in excess of
1006 property costs allowed pursuant to section 17-313b-5 of the regulations
1007 of Connecticut state agencies, provided such debt service terms and
1008 amounts are reasonable in relation to the useful life and the base value
1009 of the property. The cost basis for such payment shall be subject to
1010 audit, and a recomputation of the rate shall be made based upon such
1011 audit. [The rate in effect June 30, 1991, shall remain in effect through
1012 June 30, 1992, except that if the rate would have been decreased
1013 effective July 1, 1991, it shall be decreased.] The facility shall report on
1014 a fiscal year ending on the thirtieth day of September on forms

1015 provided by the commissioner. The required report shall be received
1016 by the commissioner no later than December thirty-first of each year.
1017 The Department of Social Services may use its existing utilization
1018 review procedures to monitor utilization of the facility. If the facility is
1019 aggrieved by any decision of the commissioner, the facility may,
1020 within ten days, after written notice thereof from the commissioner,
1021 obtain by written request to the commissioner, a hearing on all items of
1022 aggrievement. If the facility is aggrieved by the decision of the
1023 commissioner after such hearing, the facility may appeal to the
1024 Superior Court in accordance with the provisions of section 4-183.

1025 (b) The Commissioner of Social Services may provide for work
1026 incentive programs for residents of the facility.

1027 Sec. 36. Subsection (b) of section 17b-104 of the general statutes is
1028 repealed and the following is substituted in lieu thereof (*Effective from*
1029 *passage*):

1030 (b) On July 1, 2007, and annually thereafter, the commissioner shall
1031 increase the payment standards over those of the previous fiscal year
1032 under the temporary family assistance program and the
1033 state-administered general assistance program by the percentage
1034 increase, if any, in the most recent calendar year average in the
1035 consumer price index for urban consumers over the average for the
1036 previous calendar year, provided the annual increase, if any, shall not
1037 exceed five per cent, except that the payment standards for the fiscal
1038 years ending June 30, 2010, and June 30, 2011, shall not be increased.

1039 Sec. 37. Subsection (a) of section 17b-106 of the general statutes is
1040 repealed and the following is substituted in lieu thereof (*Effective from*
1041 *passage*):

1042 (a) On January 1, 2006, and on each January first thereafter, the
1043 Commissioner of Social Services shall increase the unearned income
1044 disregard for recipients of the state supplement to the federal
1045 Supplemental Security Income Program by an amount equal to the

1046 federal cost-of-living adjustment, if any, provided to recipients of
 1047 federal Supplemental Security Income Program benefits for the
 1048 corresponding calendar year. On July 1, 1989, and annually thereafter,
 1049 the commissioner shall increase the adult payment standards over
 1050 those of the previous fiscal year for the state supplement to the federal
 1051 Supplemental Security Income Program by the percentage increase, if
 1052 any, in the most recent calendar year average in the consumer price
 1053 index for urban consumers over the average for the previous calendar
 1054 year, provided the annual increase, if any, shall not exceed five per
 1055 cent, except that the adult payment standards for the fiscal years
 1056 ending June 30, 1993, June 30, 1994, June 30, 1995, June 30, 1996, June
 1057 30, 1997, June 30, 1998, June 30, 1999, June 30, 2000, June 30, 2001, June
 1058 30, 2002, June 30, 2003, June 30, 2004, June 30, 2005, June 30, 2006, June
 1059 30, 2007, June 30, 2008, [and] June 30, 2009, June 30, 2010, and June 30,
 1060 2011, shall not be increased. Effective October 1, 1991, the coverage of
 1061 excess utility costs for recipients of the state supplement to the federal
 1062 Supplemental Security Income Program is eliminated.
 1063 Notwithstanding the provisions of this section, the commissioner may
 1064 increase the personal needs allowance component of the adult
 1065 payment standard as necessary to meet federal maintenance of effort
 1066 requirements.

1067 Sec. 38. Subsection (f) of section 17b-274d of the general statutes is
 1068 repealed and the following is substituted in lieu thereof (*Effective from*
 1069 *passage*):

1070 (f) Nonpreferred drugs in the classes of drugs included on the
 1071 preferred drug lists shall be subject to prior authorization. Prior
 1072 authorization is not required for any mental-health-related drug that
 1073 has been filled or refilled, in any dosage, at least one time in the one-
 1074 year period prior to the date the individual presents a prescription for
 1075 the drug at a pharmacy. If prior authorization is granted for a drug not
 1076 included on a preferred drug list, the authorization shall be valid for
 1077 one year from the date the prescription is first filled. [Mental-health-
 1078 related and antiretroviral] Antiretroviral classes of drugs shall not be

1079 included on the preferred drug lists.

1080 Sec. 39. Subdivision (11) of subsection (f) of section 17b-340 of the
1081 general statutes is repealed and the following is substituted in lieu
1082 thereof (*Effective from passage*):

1083 (11) For the fiscal [years] year ending June 30, [1992, through June
1084 30, 2007] 2011, and any succeeding fiscal year, one-half of the initial
1085 amount payable in June by the state to a facility pursuant to this
1086 subsection shall be paid to the facility in June and the balance of such
1087 amount shall be paid in July.

1088 Sec. 40. Subsection (g) of section 17b-340 of the general statutes is
1089 repealed and the following is substituted in lieu thereof (*Effective from*
1090 *passage*):

1091 (g) For the fiscal year ending June 30, 1993, any intermediate care
1092 facility for the mentally retarded with an operating cost component of
1093 its rate in excess of one hundred forty per cent of the median of
1094 operating cost components of rates in effect January 1, 1992, shall not
1095 receive an operating cost component increase. For the fiscal year
1096 ending June 30, 1993, any intermediate care facility for the mentally
1097 retarded with an operating cost component of its rate that is less than
1098 one hundred forty per cent of the median of operating cost
1099 components of rates in effect January 1, 1992, shall have an allowance
1100 for real wage growth equal to thirty per cent of the increase
1101 determined in accordance with subsection (q) of section 17-311-52 of
1102 the regulations of Connecticut state agencies, provided such operating
1103 cost component shall not exceed one hundred forty per cent of the
1104 median of operating cost components in effect January 1, 1992. Any
1105 facility with real property other than land placed in service prior to
1106 October 1, 1991, shall, for the fiscal year ending June 30, 1995, receive a
1107 rate of return on real property equal to the average of the rates of
1108 return applied to real property other than land placed in service for the
1109 five years preceding October 1, 1993. For the fiscal year ending June 30,
1110 1996, and any succeeding fiscal year, the rate of return on real property

1111 for property items shall be revised every five years. The commissioner
1112 shall, upon submission of a request, allow actual debt service,
1113 comprised of principal and interest, in excess of property costs allowed
1114 pursuant to section 17-311-52 of the regulations of Connecticut state
1115 agencies, provided such debt service terms and amounts are
1116 reasonable in relation to the useful life and the base value of the
1117 property. For the fiscal year ending June 30, 1995, and any succeeding
1118 fiscal year, the inflation adjustment made in accordance with
1119 subsection (p) of section 17-311-52 of the regulations of Connecticut
1120 state agencies shall not be applied to real property costs. For the fiscal
1121 year ending June 30, 1996, and any succeeding fiscal year, the
1122 allowance for real wage growth, as determined in accordance with
1123 subsection (q) of section 17-311-52 of the regulations of Connecticut
1124 state agencies, shall not be applied. For the fiscal year ending June 30,
1125 1996, and any succeeding fiscal year, no rate shall exceed three
1126 hundred seventy-five dollars per day unless the commissioner, in
1127 consultation with the Commissioner of Developmental Services,
1128 determines after a review of program and management costs, that a
1129 rate in excess of this amount is necessary for care and treatment of
1130 facility residents. For the fiscal year ending June 30, 2002, rate period,
1131 the Commissioner of Social Services shall increase the inflation
1132 adjustment for rates made in accordance with subsection (p) of section
1133 17-311-52 of the regulations of Connecticut state agencies to update
1134 allowable fiscal year 2000 costs to include a three and one-half per cent
1135 inflation factor. For the fiscal year ending June 30, 2003, rate period, the
1136 commissioner shall increase the inflation adjustment for rates made in
1137 accordance with subsection (p) of section 17-311-52 of the regulations
1138 of Connecticut state agencies to update allowable fiscal year 2001 costs
1139 to include a one and one-half per cent inflation factor, except that such
1140 increase shall be effective November 1, 2002, and such facility rate in
1141 effect for the fiscal year ending June 30, 2002, shall be paid for services
1142 provided until October 31, 2002, except any facility that would have
1143 been issued a lower rate effective July 1, 2002, than for the fiscal year
1144 ending June 30, 2002, due to interim rate status or agreement with the

1145 department shall be issued such lower rate effective July 1, 2002, and
1146 have such rate updated effective November 1, 2002, in accordance with
1147 applicable statutes and regulations. For the fiscal year ending June 30,
1148 2004, rates in effect for the period ending June 30, 2003, shall remain in
1149 effect, except any facility that would have been issued a lower rate
1150 effective July 1, 2003, than for the fiscal year ending June 30, 2003, due
1151 to interim rate status or agreement with the department shall be issued
1152 such lower rate effective July 1, 2003. For the fiscal year ending June
1153 30, 2005, rates in effect for the period ending June 30, 2004, shall
1154 remain in effect until September 30, 2004. Effective October 1, 2004,
1155 each facility shall receive a rate that is five per cent greater than the
1156 rate in effect September 30, 2004. Effective upon receipt of all the
1157 necessary federal approvals to secure federal financial participation
1158 matching funds associated with the rate increase provided in
1159 subdivision (4) of subsection (f) of this section, but in no event earlier
1160 than October 1, 2005, and provided the user fee imposed under section
1161 17b-320 is required to be collected, each facility shall receive a rate that
1162 is four per cent more than the rate the facility received in the prior
1163 fiscal year, except any facility that would have been issued a lower rate
1164 effective October 1, 2005, than for the fiscal year ending June 30, 2005,
1165 due to interim rate status or agreement with the department, shall be
1166 issued such lower rate effective October 1, 2005. Such rate increase
1167 shall remain in effect unless: (A) The federal financial participation
1168 matching funds associated with the rate increase are no longer
1169 available; or (B) the user fee created pursuant to section 17b-320 is not
1170 in effect. For the fiscal year ending June 30, 2007, rates in effect for the
1171 period ending June 30, 2006, shall remain in effect until September 30,
1172 2006, except any facility that would have been issued a lower rate
1173 effective July 1, 2006, than for the fiscal year ending June 30, 2006, due
1174 to interim rate status or agreement with the department, shall be
1175 issued such lower rate effective July 1, 2006. Effective October 1, 2006,
1176 no facility shall receive a rate that is more than three per cent greater
1177 than the rate in effect for the facility on September 30, 2006, except any
1178 facility that would have been issued a lower rate effective October 1,

1179 2006, due to interim rate status or agreement with the department,
 1180 shall be issued such lower rate effective October 1, 2006. For the fiscal
 1181 year ending June 30, 2008, each facility shall receive a rate that is two
 1182 and nine-tenths per cent greater than the rate in effect for the period
 1183 ending June 30, 2007, except any facility that would have been issued a
 1184 lower rate effective July 1, 2007, than for the rate period ending June
 1185 30, 2007, due to interim rate status, or agreement with the department,
 1186 shall be issued such lower rate effective July 1, 2007. For the fiscal year
 1187 ending June 30, 2009, rates in effect for the period ending June 30, 2008,
 1188 shall remain in effect until June 30, 2009, except any facility that would
 1189 have been issued a lower rate for the fiscal year ending June 30, 2009,
 1190 due to interim rate status or agreement with the department, shall be
 1191 issued such lower rate. For the fiscal years ending June 30, 2010, and
 1192 June 30, 2011, rates in effect for the period ending June 30, 2009, shall
 1193 remain in effect until June 30, 2011, except any facility that would have
 1194 been issued a lower rate for the fiscal year ending June 30, 2010, or the
 1195 fiscal year ending June 30, 2011, due to interim rate status or
 1196 agreement with the department, shall be issued such lower rate.

1197 Sec. 41. Subdivision (1) of subsection (h) of section 17b-340 of the
 1198 general statutes is repealed and the following is substituted in lieu
 1199 thereof (*Effective from passage*):

1200 (h) (1) For the fiscal year ending June 30, 1993, any residential care
 1201 home with an operating cost component of its rate in excess of one
 1202 hundred thirty per cent of the median of operating cost components of
 1203 rates in effect January 1, 1992, shall not receive an operating cost
 1204 component increase. For the fiscal year ending June 30, 1993, any
 1205 residential care home with an operating cost component of its rate that
 1206 is less than one hundred thirty per cent of the median of operating cost
 1207 components of rates in effect January 1, 1992, shall have an allowance
 1208 for real wage growth equal to sixty-five per cent of the increase
 1209 determined in accordance with subsection (q) of section 17-311-52 of
 1210 the regulations of Connecticut state agencies, provided such operating
 1211 cost component shall not exceed one hundred thirty per cent of the

1212 median of operating cost components in effect January 1, 1992.
1213 Beginning with the fiscal year ending June 30, 1993, for the purpose of
1214 determining allowable fair rent, a residential care home with allowable
1215 fair rent less than the twenty-fifth percentile of the state-wide
1216 allowable fair rent shall be reimbursed as having allowable fair rent
1217 equal to the twenty-fifth percentile of the state-wide allowable fair
1218 rent. Beginning with the fiscal year ending June 30, 1997, a residential
1219 care home with allowable fair rent less than three dollars and ten cents
1220 per day shall be reimbursed as having allowable fair rent equal to
1221 three dollars and ten cents per day. Property additions placed in
1222 service during the cost year ending September 30, 1996, or any
1223 succeeding cost year shall receive a fair rent allowance for such
1224 additions as an addition to three dollars and ten cents per day if the
1225 fair rent for the facility for property placed in service prior to
1226 September 30, 1995, is less than or equal to three dollars and ten cents
1227 per day. For the fiscal year ending June 30, 1996, and any succeeding
1228 fiscal year, the allowance for real wage growth, as determined in
1229 accordance with subsection (q) of section 17-311-52 of the regulations
1230 of Connecticut state agencies, shall not be applied. For the fiscal year
1231 ending June 30, 1996, and any succeeding fiscal year, the inflation
1232 adjustment made in accordance with subsection (p) of section
1233 17-311-52 of the regulations of Connecticut state agencies shall not be
1234 applied to real property costs. Beginning with the fiscal year ending
1235 June 30, 1997, minimum allowable patient days for rate computation
1236 purposes for a residential care home with twenty-five beds or less shall
1237 be eighty-five per cent of licensed capacity. Beginning with the fiscal
1238 year ending June 30, 2002, for the purposes of determining the
1239 allowable salary of an administrator of a residential care home with
1240 sixty beds or less the department shall revise the allowable base salary
1241 to thirty-seven thousand dollars to be annually inflated thereafter in
1242 accordance with section 17-311-52 of the regulations of Connecticut
1243 state agencies. The rates for the fiscal year ending June 30, 2002, shall
1244 be based upon the increased allowable salary of an administrator,
1245 regardless of whether such amount was expended in the 2000 cost

1246 report period upon which the rates are based. Beginning with the fiscal
1247 year ending June 30, 2000, the inflation adjustment for rates made in
1248 accordance with subsection (p) of section 17-311-52 of the regulations
1249 of Connecticut state agencies shall be increased by two per cent, and
1250 beginning with the fiscal year ending June 30, 2002, the inflation
1251 adjustment for rates made in accordance with subsection (c) of said
1252 section shall be increased by one per cent. Beginning with the fiscal
1253 year ending June 30, 1999, for the purpose of determining the
1254 allowable salary of a related party, the department shall revise the
1255 maximum salary to twenty-seven thousand eight hundred fifty-six
1256 dollars to be annually inflated thereafter in accordance with section
1257 17-311-52 of the regulations of Connecticut state agencies and
1258 beginning with the fiscal year ending June 30, 2001, such allowable
1259 salary shall be computed on an hourly basis and the maximum
1260 number of hours allowed for a related party other than the proprietor
1261 shall be increased from forty hours to forty-eight hours per work week.
1262 For the fiscal year ending June 30, 2005, each facility shall receive a rate
1263 that is two and one-quarter per cent more than the rate the facility
1264 received in the prior fiscal year, except any facility that would have
1265 been issued a lower rate effective July 1, 2004, than for the fiscal year
1266 ending June 30, 2004, due to interim rate status or agreement with the
1267 department shall be issued such lower rate effective July 1, 2004.
1268 Effective upon receipt of all the necessary federal approvals to secure
1269 federal financial participation matching funds associated with the rate
1270 increase provided in subdivision (4) of subsection (f) of this section,
1271 but in no event earlier than October 1, 2005, and provided the user fee
1272 imposed under section 17b-320 is required to be collected, each facility
1273 shall receive a rate that is determined in accordance with applicable
1274 law and subject to appropriations, except any facility that would have
1275 been issued a lower rate effective October 1, 2005, than for the fiscal
1276 year ending June 30, 2005, due to interim rate status or agreement with
1277 the department, shall be issued such lower rate effective October 1,
1278 2005. Such rate increase shall remain in effect unless: (A) The federal
1279 financial participation matching funds associated with the rate increase

1280 are no longer available; or (B) the user fee created pursuant to section
 1281 17b-320 is not in effect. For the fiscal year ending June 30, 2007, rates in
 1282 effect for the period ending June 30, 2006, shall remain in effect until
 1283 September 30, 2006, except any facility that would have been issued a
 1284 lower rate effective July 1, 2006, than for the fiscal year ending June 30,
 1285 2006, due to interim rate status or agreement with the department,
 1286 shall be issued such lower rate effective July 1, 2006. Effective October
 1287 1, 2006, no facility shall receive a rate that is more than four per cent
 1288 greater than the rate in effect for the facility on September 30, 2006,
 1289 except for any facility that would have been issued a lower rate
 1290 effective October 1, 2006, due to interim rate status or agreement with
 1291 the department, shall be issued such lower rate effective October 1,
 1292 2006. For the fiscal years ending June 30, 2010, and June 30, 2011, rates
 1293 in effect for the period ending June 30, 2009, shall remain in effect until
 1294 June 30, 2011, except any facility that would have been issued a lower
 1295 rate for the fiscal year ending June 30, 2010, or the fiscal year ending
 1296 June 30, 2011, due to interim rate status or agreement with the
 1297 department, shall be issued such lower rate, except (i) any facility that
 1298 would have been issued a lower rate for the fiscal year ending June 30,
 1299 2010, or the fiscal year ending June 30, 2011, due to interim rate status
 1300 or agreement with the Commissioner of Social Services shall be issued
 1301 such lower rate; and (ii) the commissioner may increase a facility's rate
 1302 for reasonable costs associated with such facility's compliance with the
 1303 provisions of section 44 of this act concerning the administration of
 1304 medication by unlicensed personnel.

1305 Sec. 42. Subsection (a) of section 17b-244 of the general statutes is
 1306 repealed and the following is substituted in lieu thereof (*Effective from*
 1307 *passage*):

1308 (a) The room and board component of the rates to be paid by the
 1309 state to private facilities and facilities operated by regional education
 1310 service centers which are licensed to provide residential care pursuant
 1311 to section 17a-227, but not certified to participate in the Title XIX
 1312 Medicaid program as intermediate care facilities for persons with

1313 mental retardation, shall be determined annually by the Commissioner
1314 of Social Services, except that rates effective April 30, 1989, shall
1315 remain in effect through October 31, 1989. Any facility with real
1316 property other than land placed in service prior to July 1, 1991, shall,
1317 for the fiscal year ending June 30, 1995, receive a rate of return on real
1318 property equal to the average of the rates of return applied to real
1319 property other than land placed in service for the five years preceding
1320 July 1, 1993. For the fiscal year ending June 30, 1996, and any
1321 succeeding fiscal year, the rate of return on real property for property
1322 items shall be revised every five years. The commissioner shall, upon
1323 submission of a request by such facility, allow actual debt service,
1324 comprised of principal and interest, on the loan or loans in lieu of
1325 property costs allowed pursuant to section 17-313b-5 of the regulations
1326 of Connecticut state agencies, whether actual debt service is higher or
1327 lower than such allowed property costs, provided such debt service
1328 terms and amounts are reasonable in relation to the useful life and the
1329 base value of the property. In the case of facilities financed through the
1330 Connecticut Housing Finance Authority, the commissioner shall allow
1331 actual debt service, comprised of principal, interest and a reasonable
1332 repair and replacement reserve on the loan or loans in lieu of property
1333 costs allowed pursuant to section 17-313b-5 of the regulations of
1334 Connecticut state agencies, whether actual debt service is higher or
1335 lower than such allowed property costs, provided such debt service
1336 terms and amounts are determined by the commissioner at the time
1337 the loan is entered into to be reasonable in relation to the useful life
1338 and base value of the property. The commissioner may allow fees
1339 associated with mortgage refinancing provided such refinancing will
1340 result in state reimbursement savings, after comparing costs over the
1341 terms of the existing proposed loans. For the fiscal year ending June 30,
1342 1992, the inflation factor used to determine rates shall be one-half of
1343 the gross national product percentage increase for the period between
1344 the midpoint of the cost year through the midpoint of the rate year. For
1345 fiscal year ending June 30, 1993, the inflation factor used to determine
1346 rates shall be two-thirds of the gross national product percentage

1347 increase from the midpoint of the cost year to the midpoint of the rate
1348 year. For the fiscal years ending June 30, 1996, and June 30, 1997, no
1349 inflation factor shall be applied in determining rates. The
1350 Commissioner of Social Services shall prescribe uniform forms on
1351 which such facilities shall report their costs. Such rates shall be
1352 determined on the basis of a reasonable payment for necessary
1353 services. Any increase in grants, gifts, fund-raising or endowment
1354 income used for the payment of operating costs by a private facility in
1355 the fiscal year ending June 30, 1992, shall be excluded by the
1356 commissioner from the income of the facility in determining the rates
1357 to be paid to the facility for the fiscal year ending June 30, 1993,
1358 provided any operating costs funded by such increase shall not
1359 obligate the state to increase expenditures in subsequent fiscal years.
1360 Nothing contained in this section shall authorize a payment by the
1361 state to any such facility in excess of the charges made by the facility
1362 for comparable services to the general public. The service component
1363 of the rates to be paid by the state to private facilities and facilities
1364 operated by regional education service centers which are licensed to
1365 provide residential care pursuant to section 17a-227, but not certified
1366 to participate in the Title XIX Medicaid programs as intermediate care
1367 facilities for persons with mental retardation, shall be determined
1368 annually by the Commissioner of Developmental Services in
1369 accordance with section 17b-244a. For the fiscal year ending June 30,
1370 2008, no facility shall receive a rate that is more than two per cent
1371 greater than the rate in effect for the facility on June 30, 2007, except
1372 any facility that would have been issued a lower rate effective July 1,
1373 2007, due to interim rate status or agreement with the department,
1374 shall be issued such lower rate effective July 1, 2007. For the fiscal year
1375 ending June 30, 2009, no facility shall receive a rate that is more than
1376 two per cent greater than the rate in effect for the facility on June 30,
1377 2008, except any facility that would have been issued a lower rate
1378 effective July 1, 2008, due to interim rate status or agreement with the
1379 department, shall be issued such lower rate effective July 1, 2008. For
1380 the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect

1381 for the period ending June 30, 2009, shall remain in effect until June 30,
1382 2011, except that any facility that would have been issued a lower rate
1383 for the fiscal years ending June 30, 2010, or June 30, 2011, due to
1384 interim rate status or agreement with the department, shall be issued
1385 such lower rate.

1386 Sec. 43. Section 17b-372 of the general statutes is repealed and the
1387 following is substituted in lieu thereof (*Effective from passage*):

1388 (a) As used in this section, "small house nursing home" means an
1389 alternative nursing home facility that (1) consists of one or more units
1390 that are designed and modeled as a private home, (2) houses no more
1391 than ten individuals in each unit, (3) includes private rooms and
1392 bathrooms, (4) provides for an increased role for support staff in the
1393 care of residents, (5) incorporates a philosophy of individualized care,
1394 and (6) is licensed as a nursing home under chapter 368v.

1395 (b) The Commissioner of Social Services shall establish, within
1396 available appropriations, a pilot program to support the development
1397 of up to ten small house nursing homes in the state in order to improve
1398 the quality of life for nursing home residents and to support a goal of
1399 providing nursing home care in a more home-like and less institution-
1400 like setting.

1401 (c) Any existing chronic and convalescent nursing home or rest
1402 home with nursing supervision may apply to the commissioner for
1403 approval of a proposal to develop a small house nursing home and to
1404 relocate Medicaid certified beds from its facility to such small house
1405 nursing home. The commissioner shall require each small house
1406 nursing home under the pilot program to seek certification to
1407 participate in the Title XVIII and Title XIX programs and may establish
1408 additional requirements for such small house nursing homes. Not later
1409 than October 1, 2008, the commissioner shall develop guidelines
1410 relating to the design specifications and requirements for small house
1411 nursing homes for purposes of the pilot program, and shall submit a
1412 copy of the guidelines to the joint standing committee of the General

1413 Assembly having cognizance of matters relating to human services.
1414 Not later than thirty days after receipt of such guidelines, said joint
1415 standing committee may advise the commissioner of its approval,
1416 denial or modifications, if any, of such guidelines. If said joint standing
1417 committee does not act during such thirty-day period, such guidelines
1418 shall be deemed approved. If approved, the commissioner shall make
1419 such guidelines available to applicants. Each chronic and convalescent
1420 nursing home or rest home with nursing supervision submitting a
1421 proposal shall provide: (1) A description of the proposed project; (2)
1422 information concerning the financial and technical capacity of the
1423 applicant to undertake the proposed project; (3) a project budget; (4)
1424 information that the relocation of beds shall result in a reduction in the
1425 number of nursing facility beds in the state; and (5) any additional
1426 information the commissioner deems necessary.

1427 (d) The commissioner, in consultation with the Long-Term Care
1428 Planning Committee, established pursuant to section 17b-337, shall
1429 evaluate proposals received pursuant to subsection (c) of this section
1430 and may approve, after consultation with and approval of the
1431 Secretary of the Office of Policy and Management, up to ten proposals.
1432 The commissioner shall give preference to proposals that include the
1433 use of fuel cells or other energy technologies that promote energy
1434 efficiency in such small house nursing home. The commissioner [shall
1435 reserve two out of the ten approvals for] may give preference to
1436 proposals to develop a small house nursing home in a distressed
1437 municipality, as defined in section 32-9p, with a population greater
1438 than one hundred thousand persons.

1439 (e) Notwithstanding the provisions of subsection (d) of this section,
1440 the commissioner shall approve no more than one project through June
1441 30, 2011. The total number of beds under such project shall not exceed
1442 two-hundred eighty beds.

1443 [(e)] (f) A small house nursing home developed under this section
1444 shall comply with the provisions of sections 17b-352 to 17b-354,

1445 inclusive.

1446 Sec. 44. Section 19a-495a of the general statutes is repealed and the
1447 following is substituted in lieu thereof (*Effective from passage*):

1448 (a) [On or before July 1, 2000, the] (1) The Commissioner of Public
1449 Health shall adopt regulations, [in accordance with the provisions of
1450 chapter 54, to allow unlicensed personnel in] as provided in subsection
1451 (d) of this section, to require each residential care [homes] home, as
1452 defined in section 19a-490, that admits residents requiring assistance
1453 with medication administration, to (A) designate unlicensed personnel
1454 to obtain certification for the administration of medication, and (B) to
1455 ensure that such unlicensed personnel receive such certification.

1456 (2) The regulations shall establish criteria to be used by such homes
1457 in determining (A) the appropriate number of unlicensed personnel
1458 who shall obtain such certification, and (B) training requirements,
1459 including on-going training requirements [, that] for such certification.
1460 Training requirements shall include, but [are] shall not be limited to:
1461 Initial orientation, resident rights, identification of the types of
1462 medication that may be administered by unlicensed personnel,
1463 behavioral management, personal care, nutrition and food safety, and
1464 health and safety in general.

1465 (b) Each residential care home, as defined in section 19a-490, shall
1466 ensure that, on or before January 1, 2010, an appropriate number of
1467 unlicensed personnel, as determined by the residential care home,
1468 obtain certification for the administration of medication. Certification
1469 of such personnel shall be in accordance with regulations adopted
1470 pursuant to this section. Unlicensed personnel obtaining such
1471 certification may administer medications that are not administered by
1472 injection to residents of such homes, unless a resident's physician
1473 specifies that a medication only be administered by licensed personnel.

1474 [(b)] (c) On and after October 1, 2007, unlicensed assistive personnel
1475 employed in residential care homes, as defined in section 19a-490, may

1476 (1) obtain and document residents' blood pressures and temperatures
1477 with digital medical instruments that (A) contain internal decision-
1478 making electronics, microcomputers or special software that allow the
1479 instruments to interpret physiologic signals, and (B) do not require the
1480 user to employ any discretion or judgment in their use; (2) obtain and
1481 document residents' weight; and (3) assist residents in the use of
1482 glucose monitors to obtain and document their blood glucose levels.

1483 (d) The Commissioner of Public Health may implement policies and
1484 procedures necessary to administer the provisions of this section while
1485 in the process of adopting such policies and procedures as regulation,
1486 provided the commissioner prints notice of intent to adopt regulations
1487 in the Connecticut Law Journal not later than twenty days after the
1488 date of implementation. Policies and procedures implemented
1489 pursuant to this section shall be valid until the time final regulations
1490 are adopted.

1491 Sec. 45. Section 29-1g of the general statutes is repealed and the
1492 following is substituted in lieu thereof (*Effective from passage*):

1493 The Commissioner of Public Safety may appoint not more than
1494 [four] six persons nominated by the Commissioner of Social Services as
1495 special policemen in the Bureau of Child Support Enforcement of the
1496 Department of Social Services for the service of any warrant or capias
1497 mittimus issued by the courts on child support matters. Such
1498 appointees, having been sworn, shall serve at the pleasure of the
1499 Commissioner of Public Safety and, during such tenure, shall have all
1500 the powers conferred on state policemen and state marshals.

1501 Sec. 46. Section 93 of public act 09-3 is repealed and the following is
1502 substituted in lieu thereof (*Effective from passage*):

1503 [(a) The Commissioner of Social Services shall forward to a state
1504 marshal for service any subpoena, summons, warrant or court order
1505 relating to proceedings initiated by said commissioner, provided such
1506 subpoena, summons, warrant or court order has had no action taken

1507 upon it within the past fourteen days and the underlying proceedings
1508 remain unresolved.]

1509 [(b) To resolve any backlog, commencing] Commencing October 1,
1510 2009, and monthly thereafter, the Commissioner of Social Services
1511 shall forward to state marshals for service not more than one hundred
1512 fifty subpoenas, summons, warrants or court orders relating to
1513 proceedings initiated by said commissioner that have had no action
1514 taken upon them within the past [thirty] sixty days for the purpose of
1515 resolving any back log. Any such subpoena, summons, warrant or
1516 court order remaining with a state marshal for sixty days after the
1517 marshal's receipt shall be returned to the commissioner within two
1518 business days.

1519 Sec. 47. Subsection (f) of section 17b-492 of the general statutes, as
1520 amended by section 15 of public act 09-2, is repealed and the following
1521 is substituted in lieu thereof (*Effective from passage*):

1522 (f) Each ConnPACE applicant or recipient who is eligible for
1523 Medicare Part D shall enroll in a Medicare Part D benchmark plan. The
1524 Commissioner of Social Services may be the authorized representative
1525 of a ConnPACE applicant or recipient for purposes of: (1) Enrolling in
1526 a Medicare Part D benchmark plan, (2) submitting an application to
1527 the Social Security Administration to obtain the low income subsidy
1528 benefit provided under Public Law 108-173, the Medicare Prescription
1529 Drug, Improvement, and Modernization Act of 2003, or (3) facilitating
1530 the enrollment in a Medicare savings program of any such applicant or
1531 recipient who elects to participate in said program. The applicant or
1532 recipient shall have the opportunity to select a Medicare Part D
1533 benchmark plan and shall be notified of such opportunity by the
1534 commissioner. The applicant or recipient, prior to selecting a Medicare
1535 Part D benchmark plan, shall have the opportunity to consult with the
1536 commissioner, or the commissioner's designated agent, concerning the
1537 selection of a Medicare Part D benchmark plan that best meets the
1538 prescription drug needs of such applicant or recipient. In the event that

1539 such applicant or recipient does not select a Medicare Part D
1540 benchmark plan within a reasonable period of time, as determined by
1541 the commissioner, the commissioner shall enroll the applicant or
1542 recipient in a Medicare Part D benchmark plan designated by the
1543 commissioner in accordance with said act. The applicant or recipient
1544 shall appoint the commissioner as such applicant's or recipient's
1545 representative for the purpose of appealing any denial of Medicare
1546 Part D benefits and for any other purpose allowed under said act and
1547 deemed necessary by the commissioner.

1548 Sec. 48. (NEW) (*Effective from passage*) (a) All nonemergency dental
1549 services provided under the Department of Social Services' dental
1550 programs, as described in section 17b-282b of the general statutes, shall
1551 be subject to prior authorization. Nonemergency services that are
1552 exempt from the prior authorization process shall include diagnostic,
1553 prevention, basic restoration procedures and nonsurgical extractions
1554 that are consistent with standard and reasonable dental practices. The
1555 commissioner may recoup payments for services that are determined
1556 not to be for an emergency condition or otherwise in excess of what is
1557 medically necessary. The commissioner shall periodically, but not less
1558 than quarterly, review payments for emergency dental services and
1559 basic restoration procedures for appropriateness of payment. For the
1560 purposes of this section, "emergency condition" means a dental
1561 condition manifesting itself by acute symptoms of sufficient severity,
1562 including severe pain, such that a prudent layperson, who possesses
1563 an average knowledge of health and medicine, could reasonably
1564 expect the absence of immediate dental attention to result in placing
1565 the health of the individual, or with respect to a pregnant woman, the
1566 health of the woman or her unborn child, in serious jeopardy, cause
1567 serious impairment to body functions or cause serious dysfunction of
1568 any body organ or part.

1569 (b) The Commissioner of Social Services may implement policies
1570 and procedures necessary to administer the provisions of this section
1571 while in the process of adopting such policies and procedures as

1572 regulation, provided the commissioner prints notice of intent to adopt
1573 regulations in the Connecticut Law Journal not later than twenty days
1574 after the date of implementation. Policies and procedures implemented
1575 pursuant to this section shall be valid until the time final regulations
1576 are adopted.

1577 Sec. 49. Section 17b-282b of the general statutes is repealed and the
1578 following is substituted in lieu thereof (*Effective from passage*):

1579 [(a)] Not later than July 1, 2004, and prior to the implementation of a
1580 state-wide dental plan that provides for the administration of the
1581 dental services portion of the department's medical assistance, the
1582 Commissioner of Social Services shall amend the federal waiver
1583 approved pursuant to Section 1915(b) of the Social Security Act. Such
1584 waiver amendment shall be submitted to the joint standing committees
1585 of the General Assembly having cognizance of matters relating to
1586 human services and appropriations and the budgets of state agencies
1587 in accordance with the provisions of section 17b-8, as amended by this
1588 act.

1589 [(b) Prior to the implementation of a state-wide dental plan that
1590 provides for the administration of the dental services portion of the
1591 department's medical assistance program, the Commissioner of Social
1592 Services shall review eliminating prior authorization requirements for
1593 basic and routine dental services. In the event the commissioner adopts
1594 regulations to eliminate such prior authorization requirements, the
1595 commissioner may implement policies and procedures for the
1596 purposes of this subsection while in the process of adopting such
1597 regulations, provided the commissioner prints notice of intention to
1598 adopt the regulations in the Connecticut Law Journal not later than
1599 twenty days after implementing the policies and procedures.]

1600 Sec. 50. (NEW) (*Effective from passage*) The Commissioner of Social
1601 Services shall submit notice of any proposed amendment to the
1602 Medicaid state plan to the joint standing committees of the General
1603 Assembly having cognizance of matters related to human services and

1604 appropriations prior to submission of such amendment to the federal
1605 government.

1606 Sec. 51. Section 17b-749 of the general statutes is amended by
1607 adding subsection (g) as follows (*Effective from passage*):

1608 (NEW) (g) The commissioner shall submit to the joint standing
1609 committees of the General Assembly having cognizance of matters
1610 relating to human services and appropriations and the budgets of state
1611 agencies a copy of the Child Care and Development Fund Plan that the
1612 commissioner submits to the Administration for Children and Families
1613 pursuant to federal law. The copy of the plan shall be submitted to the
1614 committees not later than thirty days after submission of the plan to
1615 the Administration for Children and Families.

1616 Sec. 52. (NEW) (*Effective from passage*) The Department of Social
1617 Services shall establish, within available appropriations, a fall
1618 prevention program. Within such program, the department shall:

1619 (1) Promote and support research to: (A) Improve the identification,
1620 diagnosis, treatment and rehabilitation of older adults and others who
1621 have a high risk of falling; (B) improve data collection and analysis to
1622 identify risk factors for falls and factors that reduce the likelihood of
1623 falls; (C) design, implement and evaluate the most effective fall
1624 prevention interventions; (D) improve intervention strategies that have
1625 been proven effective in reducing falls by tailoring such strategies to
1626 specific populations of older adults; (E) maximize the dissemination of
1627 proven, effective fall prevention interventions; (F) assess the risk of
1628 falls occurring in various settings; (G) identify barriers to the adoption
1629 of proven interventions with respect to the prevention of falls among
1630 older adults; (H) develop, implement and evaluate the most effective
1631 approaches to reducing falls among high-risk older adults living in
1632 communities and long-term care and assisted living facilities; and (I)
1633 evaluate the effectiveness of community programs designed to prevent
1634 falls among older adults;

1635 (2) Establish, in consultation with the Commissioner of Public
1636 Health, a professional education program in fall prevention, evaluation
1637 and management for physicians, allied health professionals and other
1638 health care providers who provide services for the elderly in this state.
1639 The Commissioner of Social Services may contract for the
1640 establishment of such program through (A) a request for proposal
1641 process, (B) a competitive grant program, or (C) cooperative
1642 agreements with qualified organizations, institutions or consortia of
1643 qualified organizations and institutions;

1644 (3) Oversee and support demonstration and research projects to be
1645 carried out by organizations, institutions or consortia of organizations
1646 and institutions deemed qualified by the Commissioner of Social
1647 Services. Such demonstration and research projects may be in the
1648 following areas:

1649 (A) Targeted fall risk screening and referral programs;

1650 (B) Programs designed for community-dwelling older adults that
1651 use fall intervention approaches, including physical activity,
1652 medication assessment and reduction of medication when possible,
1653 vision enhancement and home-modification strategies;

1654 (C) Programs that target new fall victims who are at a high risk for
1655 second falls and that are designed to maximize independence and
1656 quality of life for older adults, particularly those older adults with
1657 functional limitations;

1658 (D) Private sector and public-private partnerships to develop
1659 technologies to prevent falls among older adults and prevent or reduce
1660 injuries when falls occur; and

1661 (4) Award grants to, or enter into contracts or cooperative
1662 agreements with, organizations, institutions or consortia of
1663 organizations and institutions deemed qualified by the Commissioner
1664 of Social Services to design, implement and evaluate fall prevention

1665 programs using proven intervention strategies in residential and
1666 institutional settings.

1667 Sec. 53. Section 38a-47 of the general statutes is repealed and the
1668 following is substituted in lieu thereof (*Effective from passage*):

1669 All domestic insurance companies and other domestic entities
1670 subject to taxation under chapter 207 shall, in accordance with section
1671 38a-48, annually pay to the Insurance Commissioner, for deposit in the
1672 Insurance Fund established under section 38a-52a, an amount equal to
1673 the actual expenditures made by the Insurance Department during
1674 each fiscal year, and the actual expenditures made by the Office of the
1675 Healthcare Advocate, including the cost of fringe benefits for
1676 department and office personnel as estimated by the Comptroller, plus
1677 (1) the expenditures made on behalf of the department and the office
1678 from the Capital Equipment Purchase Fund pursuant to section 4a-9
1679 for such year, and (2) the amount appropriated to the Department of
1680 Social Services for the fall prevention program established in section 52
1681 of this act from the Insurance Fund for the fiscal year, but excluding
1682 expenditures paid for by fraternal benefit societies, foreign and alien
1683 insurance companies and other foreign and alien entities under
1684 sections 38a-49 and 38a-50. Payments shall be made by assessment of
1685 all such domestic insurance companies and other domestic entities
1686 calculated and collected in accordance with the provisions of section
1687 38a-48. Any such domestic insurance company or other domestic
1688 entity aggrieved because of any assessment levied under this section
1689 may appeal therefrom in accordance with the provisions of section
1690 38a-52.

1691 Sec. 54. Section 38a-48 of the general statutes is repealed and the
1692 following is substituted in lieu thereof (*Effective from passage*):

1693 (a) On or before June thirtieth, annually, the Commissioner of
1694 Revenue Services shall render to the Insurance Commissioner a
1695 statement certifying the amount of taxes or charges imposed on each
1696 domestic insurance company or other domestic entity under chapter

1697 207 on business done in this state during the preceding calendar year.
1698 [~~the~~] The statement for local domestic insurance companies shall set
1699 forth the amount of taxes and charges before any tax credits allowed as
1700 provided in section 12-202.

1701 (b) On or before July thirty-first, annually, the Insurance
1702 Commissioner and the Office of the Healthcare Advocate shall render
1703 to each domestic insurance company or other domestic entity liable for
1704 payment under section 38a-47, (1) a statement which includes (A) the
1705 amount appropriated to the Insurance Department and the Office of
1706 the Healthcare Advocate for the fiscal year beginning July first of the
1707 same year, (B) the cost of fringe benefits for department and office
1708 personnel for such year, as estimated by the Comptroller, [~~and~~] (C) the
1709 estimated expenditures on behalf of the department and the office
1710 from the Capital Equipment Purchase Fund pursuant to section 4a-9
1711 for such year, and (D) the amount appropriated to the Department of
1712 Social Services for the fall prevention program established in section 52
1713 of this act from the Insurance Fund for the fiscal year, (2) a statement
1714 of the total taxes imposed on all domestic insurance companies and
1715 domestic insurance entities under chapter 207 on business done in this
1716 state during the preceding calendar year, and (3) the proposed
1717 assessment against that company or entity, calculated in accordance
1718 with the provisions of subsection (c) of this section, provided that for
1719 the purposes of this calculation the amount appropriated to the
1720 Insurance Department and the Office of the Healthcare Advocate plus
1721 the cost of fringe benefits for department and office personnel and the
1722 estimated expenditures on behalf of the department and the office
1723 from the Capital Equipment Purchase Fund pursuant to section 4a-9
1724 shall be deemed to be the actual expenditures of the department and
1725 the office, and the amount appropriated to the Department of Social
1726 Services from the Insurance Fund for the fiscal year for the fall
1727 prevention program established in section 52 of this act shall be
1728 deemed to be the actual expenditures for the program.

1729 (c) (1) The proposed assessments for each domestic insurance

1730 company or other domestic entity shall be calculated by (A) allocating
1731 twenty per cent of the amount to be paid under section 38a-47 among
1732 the domestic entities organized under sections 38a-199 to 38a-209,
1733 inclusive, and 38a-214 to 38a-225, inclusive, in proportion to their
1734 respective shares of the total taxes and charges imposed under chapter
1735 207 on such entities on business done in this state during the preceding
1736 calendar year, and (B) allocating eighty per cent of the amount to be
1737 paid under section 38a-47 among all domestic insurance companies
1738 and domestic entities other than those organized under sections 38a-
1739 199 to 38a-209, inclusive, and 38a-214 to 38a-225, inclusive, in
1740 proportion to their respective shares of the total taxes and charges
1741 imposed under chapter 207 on such domestic insurance companies
1742 and domestic entities on business done in this state during the
1743 preceding calendar year, provided if there are no domestic entities
1744 organized under sections 38a-199 to 38a-209, inclusive, and 38a-214 to
1745 38a-225, inclusive, at the time of assessment, one hundred per cent of
1746 the amount to be paid under section 38a-47 shall be allocated among
1747 such domestic insurance companies and domestic entities.

1748 (2) When the amount any such company or entity is assessed
1749 pursuant to this section exceeds twenty-five per cent of the actual
1750 expenditures of the Insurance Department and the Office of the
1751 Healthcare Advocate, such excess amount shall not be paid by such
1752 company or entity but rather shall be assessed against and paid by all
1753 other such companies and entities in proportion to their respective
1754 shares of the total taxes and charges imposed under chapter 207 on
1755 business done in this state during the preceding calendar year, except
1756 that for purposes of any assessment made to fund payments to the
1757 Department of Public Health to purchase vaccines, such company or
1758 entity shall be responsible for its share of the costs, notwithstanding
1759 whether its assessment exceeds twenty-five per cent of the actual
1760 expenditures of the Insurance Department and the Office of the
1761 Healthcare Advocate. The provisions of this subdivision shall not be
1762 applicable to any corporation which has converted to a domestic
1763 mutual insurance company pursuant to section 38a-155 upon the

1764 effective date of any public act which amends said section to modify or
1765 remove any restriction on the business such a company may engage in,
1766 for purposes of any assessment due from such company on and after
1767 such effective date.

1768 (d) For purposes of calculating the amount of payment under
1769 section 38a-47, as well as the amount of the assessments under this
1770 section, the "total taxes imposed on all domestic insurance companies
1771 and other domestic entities under chapter 207" shall be based upon the
1772 amounts shown as payable to the state for the calendar year on the
1773 returns filed with the Commissioner of Revenue Services pursuant to
1774 chapter 207; with respect to calculating the amount of payment and
1775 assessment for local domestic insurance companies, the amount used
1776 shall be the taxes and charges imposed before any tax credits allowed
1777 as provided in section 12-202.

1778 (e) On or before September thirtieth, annually, for each fiscal year
1779 ending prior to July 1, 1990, the Insurance Commissioner and the
1780 Healthcare Advocate, after receiving any objections to the proposed
1781 assessments and making such adjustments as in their opinion may be
1782 indicated, shall assess each such domestic insurance company or other
1783 domestic entity an amount equal to its proposed assessment as so
1784 adjusted. Each domestic insurance company or other domestic entity
1785 shall pay to the Insurance Commissioner on or before October thirty-
1786 first an amount equal to fifty per cent of its assessment adjusted to
1787 reflect any credit or amount due from the preceding fiscal year as
1788 determined by the commissioner under subsection (g) of this section.
1789 Each domestic insurance company or other domestic entity shall pay
1790 to the Insurance Commissioner on or before the following April
1791 thirtieth, the remaining fifty per cent of its assessment.

1792 (f) On or before September first, annually, for each fiscal year
1793 ending after July 1, 1990, the Insurance Commissioner and the
1794 Healthcare Advocate, after receiving any objections to the proposed
1795 assessments and making such adjustments as in their opinion may be

1796 indicated, shall assess each such domestic insurance company or other
1797 domestic entity an amount equal to its proposed assessment as so
1798 adjusted. Each domestic insurance company or other domestic entity
1799 shall pay to the Insurance Commissioner (1) on or before June 30, 1990,
1800 and on or before June thirtieth annually thereafter, an estimated
1801 payment against its assessment for the following year equal to twenty-
1802 five per cent of its assessment for the fiscal year ending such June
1803 thirtieth, (2) on or before September thirtieth, annually, twenty-five per
1804 cent of its assessment adjusted to reflect any credit or amount due
1805 from the preceding fiscal year as determined by the commissioner
1806 under subsection (g) of this section, and (3) on or before the following
1807 December thirty-first and March thirty-first, annually, each domestic
1808 insurance company or other domestic entity shall pay to the Insurance
1809 Commissioner the remaining fifty per cent of its proposed assessment
1810 to the department in two equal installments.

1811 (g) If the actual expenditures for the fall prevention program
1812 established in section 52 of this act are less than the amount allocated,
1813 the Commissioner of Social Services shall notify the Insurance
1814 Commissioner and the Healthcare Advocate. Immediately following
1815 the close of the fiscal year, the Insurance Commissioner and the
1816 Healthcare Advocate shall recalculate the proposed assessment for
1817 each domestic insurance company or other domestic entity in
1818 accordance with subsection (c) of this section using the actual
1819 expenditures made by the Insurance Department and the Office of the
1820 Healthcare Advocate during that fiscal year, [and] the actual
1821 expenditures made on behalf of the department and the office from the
1822 Capital Equipment Purchase Fund pursuant to section 4a-9 and the
1823 actual expenditures for the fall prevention program. On or before July
1824 thirty-first, the Insurance Commissioner and the Healthcare Advocate
1825 shall render to each such domestic insurance company and other
1826 domestic entity a statement showing the difference between their
1827 respective recalculated assessments and the amount they have
1828 previously paid. On or before August thirty-first, the Insurance
1829 Commissioner and the Healthcare Advocate, after receiving any

1830 objections to such statements, shall make such adjustments which in
1831 their opinion may be indicated, and shall render an adjusted
1832 assessment, if any, to the affected companies.

1833 (h) If any assessment is not paid when due, a penalty of twenty-five
1834 dollars shall be added thereto, and interest at the rate of six per cent
1835 per annum shall be paid thereafter on such assessment and penalty.

1836 (i) The commissioner shall deposit all payments made under this
1837 section with the State Treasurer. On and after June 6, 1991, the moneys
1838 so deposited shall be credited to the Insurance Fund established under
1839 section 38a-52a and shall be accounted for as expenses recovered from
1840 insurance companies.

1841 Sec. 55. Section 17b-192 of the general statutes, as amended by
1842 section 2 of public act 09-8, is repealed and the following is substituted
1843 in lieu thereof (*Effective from passage*):

1844 (a) The Commissioner of Social Services shall implement a state
1845 medical assistance component of the state-administered general
1846 assistance program for persons [ineligible for Medicaid] who do not
1847 meet the categorical eligibility criteria for Medicaid on the basis of age,
1848 blindness, disability, pregnancy, being a parent or other caretaker
1849 relative of a dependent child, being a child under the age of twenty-
1850 one, or having been screened for breast or cervical cancer under the
1851 Centers for Disease Control and Prevention's National Breast and
1852 Cervical Cancer Early Detection Program and are found to need
1853 treatment for either breast or cervical cancer. Eligibility criteria
1854 concerning income shall be the same as the medically needy
1855 component of the Medicaid program, except that earned monthly
1856 gross income of up to one hundred fifty dollars shall be disregarded.
1857 Unearned income shall not be disregarded. No person who has family
1858 assets exceeding one thousand dollars shall be eligible. No person shall
1859 be eligible for assistance under this section if such person made,
1860 during the three months prior to the month of application, an
1861 assignment or transfer or other disposition of property for less than

1862 fair market value. The number of months of ineligibility due to such
1863 disposition shall be determined by dividing the fair market value of
1864 such property, less any consideration received in exchange for its
1865 disposition, by five hundred dollars. Such period of ineligibility shall
1866 commence in the month in which the person is otherwise eligible for
1867 benefits. Any assignment, transfer or other disposition of property, on
1868 the part of the transferor, shall be presumed to have been made for the
1869 purpose of establishing eligibility for benefits or services unless such
1870 person provides convincing evidence to establish that the transaction
1871 was exclusively for some other purpose.

1872 (b) Each person eligible for state-administered general assistance
1873 shall be entitled to receive medical care through a federally qualified
1874 health center or other primary care provider as determined by the
1875 commissioner. The Commissioner of Social Services shall determine
1876 appropriate service areas and shall, in the commissioner's discretion,
1877 contract with community health centers, other similar clinics, and
1878 other primary care providers, if necessary, to assure access to primary
1879 care services for recipients who live farther than a reasonable distance
1880 from a federally qualified health center. The commissioner shall assign
1881 and enroll eligible persons in federally qualified health centers and
1882 with any other providers contracted for the program because of access
1883 needs. Each person eligible for state-administered general assistance
1884 shall be entitled to receive hospital services. Medical services under the
1885 program shall be limited to the services provided by a federally
1886 qualified health center, hospital, or other provider contracted for the
1887 program at the commissioner's discretion because of access needs. The
1888 commissioner shall ensure that ancillary services and specialty services
1889 are provided by a federally qualified health center, hospital, or other
1890 providers contracted for the program at the commissioner's discretion.
1891 Ancillary services include, but are not limited to, radiology, laboratory,
1892 and other diagnostic services not available from a recipient's assigned
1893 primary-care provider, and durable medical equipment. Specialty
1894 services are services provided by a physician with a specialty that are
1895 not included in ancillary services. Ancillary or specialty services

1896 provided under the program shall not exceed such services provided
1897 under the state-administered general assistance program on July 1,
1898 2003, except for nonemergency medical transportation and vision care
1899 services which may be provided on a limited basis within available
1900 appropriations. Notwithstanding any provision of this subsection, the
1901 commissioner may provide, or require a contractor to provide, home
1902 health services or skilled nursing facility coverage for state-
1903 administered general assistance recipients being discharged from a
1904 chronic disease hospital when the provision of such services or
1905 coverage is determined to be cost effective by the commissioner.

1906 (c) Pharmacy services shall be provided to recipients of state-
1907 administered general assistance through the federally qualified health
1908 center to which they are assigned or through a pharmacy with which
1909 the health center contracts. Recipients who are assigned to a
1910 community health center or similar clinic or primary care provider
1911 other than a federally qualified health center or to a federally qualified
1912 health center that does not have a contract for pharmacy services shall
1913 receive pharmacy services at pharmacies designated by the
1914 commissioner. The Commissioner of Social Services or the managed
1915 care organization or other entity performing administrative functions
1916 for the program as permitted in subsection (d) of this section, shall
1917 require prior authorization for coverage of drugs for the treatment of
1918 erectile dysfunction. The commissioner or the managed care
1919 organization or other entity performing administrative functions for
1920 the program may limit or exclude coverage for drugs for the treatment
1921 of erectile dysfunction for persons who have been convicted of a sexual
1922 offense who are required to register with the Commissioner of Public
1923 Safety pursuant to chapter 969.

1924 (d) The Commissioner of Social Services shall contract with
1925 federally qualified health centers or other primary care providers as
1926 necessary to provide medical services to eligible state-administered
1927 general assistance recipients pursuant to this section. The
1928 commissioner shall, within available appropriations, make payments

1929 to such centers based on their pro rata share of the cost of services
1930 provided or the number of clients served, or both. The Commissioner
1931 of Social Services shall, within available appropriations, make
1932 payments to other providers based on a methodology determined by
1933 the commissioner. The Commissioner of Social Services may reimburse
1934 for extraordinary medical services, provided such services are
1935 documented to the satisfaction of the commissioner. For purposes of
1936 this section, the commissioner may contract with a managed care
1937 organization or other entity to perform administrative functions,
1938 including a grievance process for recipients to access review of a denial
1939 of coverage for a specific medical service, and to operate the program
1940 in whole or in part. Provisions of a contract for medical services
1941 entered into by the commissioner pursuant to this section shall
1942 supersede any inconsistent provision in the regulations of Connecticut
1943 state agencies. A recipient who has exhausted the grievance process
1944 established through such contract and wishes to seek further review of
1945 the denial of coverage for a specific medical service may request a
1946 hearing in accordance with the provisions of section 17b-60.

1947 (e) Each federally qualified health center participating in the
1948 program shall enroll in the federal Office of Pharmacy Affairs Section
1949 340B drug discount program established pursuant to 42 USC 256b to
1950 provide pharmacy services to recipients at Federal Supply Schedule
1951 costs. Each such health center may establish an on-site pharmacy or
1952 contract with a commercial pharmacy to provide such pharmacy
1953 services.

1954 (f) The Commissioner of Social Services shall, within available
1955 appropriations, make payments to hospitals for inpatient services
1956 based on their pro rata share of the cost of services provided or the
1957 number of clients served, or both. The Commissioner of Social Services
1958 shall, within available appropriations, make payments for any
1959 ancillary or specialty services provided to state-administered general
1960 assistance recipients under this section based on a methodology
1961 determined by the commissioner.

1962 (g) [On or before January 1, 2008, the] The Commissioner of Social
 1963 Services shall seek a waiver of federal law for the purpose of extending
 1964 health insurance coverage under Medicaid to persons [with income not
 1965 in excess of one hundred per cent of the federal poverty level] who
 1966 otherwise qualify for medical assistance under the state-administered
 1967 general assistance program. The provisions of section 17b-8 shall apply
 1968 to this section. If the commissioner fails to submit the application for
 1969 the waiver to the joint standing committees of the General Assembly
 1970 having cognizance of matters relating to human services and
 1971 appropriations by February 1, 2010, the commissioner shall submit a
 1972 written report to said committees not later than February 2, 2010. The
 1973 report shall include, but not be limited to: (1) An explanation of the
 1974 reasons for failing to seek the waiver; and (2) an estimate of the fiscal
 1975 impact that would result from the approval of the waiver in one
 1976 calendar year.

1977 (h) Upon approval of the waiver submitted pursuant to subsection
 1978 (g) of this section, the commissioner may provide, or require a
 1979 contractor, federally qualified health center or other provider to
 1980 provide coverage for home care services, school-based services or
 1981 other outpatient community-based services for state-administered
 1982 general assistance recipients when the provision of such services or
 1983 coverage is determined to be cost effective by the commissioner. The
 1984 commissioner shall contract with federally qualified health centers or
 1985 other primary care providers as necessary to provide such services to
 1986 eligible state-administered general assistance recipients pursuant to
 1987 this section. The commissioner shall, within available appropriations,
 1988 make payments to such centers for any home based services, school-
 1989 based services or other outpatient community-based services provided
 1990 by such centers.

1991 [(h)] (i) The commissioner, pursuant to section 17b-10, may
 1992 implement policies and procedures to administer the provisions of this
 1993 section while in the process of adopting such policies and procedures
 1994 as regulation, provided the commissioner prints notice of the intent to

1995 adopt the regulation in the Connecticut Law Journal not later than
1996 twenty days after the date of implementation. Such policy shall be
1997 valid until the time final regulations are adopted.

1998 Sec. 56. Section 17b-28e of the general statutes is repealed and the
1999 following is substituted in lieu thereof (*Effective from passage*):

2000 (a) The Commissioner of Social Services shall amend the Medicaid
2001 state plan to include, on and after January 1, 2009, hospice services as
2002 optional services covered under the Medicaid program. Said state plan
2003 amendment shall supersede any regulations of Connecticut state
2004 agencies concerning such optional services.

2005 (b) [The] Not later than February 1, 2011, the Commissioner of
2006 Social Services shall amend the Medicaid state plan to include foreign
2007 language interpreter services provided to any beneficiary with limited
2008 English proficiency as a covered service under the Medicaid program.
2009 Not later than February 1, 2011, the commissioner shall develop and
2010 implement the use of medical billing codes for foreign language
2011 interpreter services for the HUSKY Plan, Part A and Part B, and for the
2012 fee-for-services Medicaid programs.

2013 (c) Each managed care organization that enters into a contract with
2014 the Department of Social Services to provide foreign language
2015 interpreter services under the HUSKY Plan, Part A shall report, semi-
2016 annually, to the department on the interpreter services provided to
2017 recipients of benefits under the program. Such written reports shall be
2018 submitted to the department not later than June first and December
2019 thirty-first each year. Not later than thirty days after receipt of such
2020 report, the department shall submit a copy of the report, in accordance
2021 with the provisions of section 11-4a, to the Medicaid Managed Care
2022 Council.

2023 Sec. 57. Section 17b-306a of the general statutes is amended by
2024 adding subsection (c) as follows (*Effective from passage*):

(NEW) (c) The Commissioner of Social Services, in collaboration with the Medicaid Managed Care Council, shall, subject to available appropriations, prepare, annually, a report concerning health care choices under the HUSKY Plan, Part A. Such report shall include, but not be limited to, a comparison of the performance of each managed care organization, the primary care case management program and other member service delivery choices. The commissioner shall provide a copy of each report to all HUSKY Plan, Part A members.

Sec. 58. Section 17b-28 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There is established a council which shall advise the Commissioner of Social Services on the planning and implementation of a system of Medicaid managed care and shall monitor such planning and implementation and shall advise the Waiver Application Development Council, established pursuant to section 17b-28a, on matters including, but not limited to, eligibility standards, benefits, access and quality assurance. The council shall be composed of the chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health and appropriations and the budgets of state agencies, or their designees; two members of the General Assembly, one to be appointed by the president pro tempore of the Senate and one to be appointed by the speaker of the House of Representatives; the director of the Commission on Aging, or a designee; the director of the Commission on Children, or a designee; [two community providers of health care] a representative of each organization that has been selected by the state to provide managed care and a representative of a primary care case management provider, to be appointed by the president pro tempore of the Senate; two representatives of the insurance industry, to be appointed by the speaker of the House of Representatives; two advocates for persons receiving Medicaid, one to be appointed by the majority leader of the Senate and one to be appointed by the minority leader of the Senate;

2058 one advocate for persons with substance use disorders, to be
2059 appointed by the majority leader of the House of Representatives; one
2060 advocate for persons with psychiatric disabilities, to be appointed by
2061 the minority leader of the House of Representatives; two advocates for
2062 the Department of Children and Families foster families, one to be
2063 appointed by the president pro tempore of the Senate and one to be
2064 appointed by the speaker of the House of Representatives; two
2065 members of the public who are currently recipients of Medicaid, one to
2066 be appointed by the majority leader of the House of Representatives
2067 and one to be appointed by the minority leader of the House of
2068 Representatives; two representatives of the Department of Social
2069 Services, to be appointed by the Commissioner of Social Services; two
2070 representatives of the Department of Public Health, to be appointed by
2071 the Commissioner of Public Health; two representatives of the
2072 Department of Mental Health and Addiction Services, to be appointed
2073 by the Commissioner of Mental Health and Addiction Services; two
2074 representatives of the Department of Children and Families, to be
2075 appointed by the Commissioner of Children and Families; two
2076 representatives of the Office of Policy and Management, to be
2077 appointed by the Secretary of the Office of Policy and Management;
2078 one representative of the office of the State Comptroller, to be
2079 appointed by the State Comptroller and the members of the Health
2080 Care Access Board who shall be ex-officio members and who may not
2081 designate persons to serve in their place. The council shall choose a
2082 chair from among its members. The joint committee on Legislative
2083 Management shall provide administrative support to such chair. The
2084 council shall convene its first meeting no later than June 1, 1994.

2085 (b) The council shall make recommendations concerning (1)
2086 guaranteed access to enrollees and effective outreach and client
2087 education; (2) available services comparable to those already in the
2088 Medicaid state plan, including those guaranteed under the federal
2089 Early and Periodic Screening, Diagnostic and Treatment Services
2090 Program under 42 USC 1396d; (3) the sufficiency of provider networks;
2091 (4) the sufficiency of capitated rates provider payments, financing and

2092 staff resources to guarantee timely access to services; (5) participation
 2093 in managed care by existing community Medicaid providers; (6) the
 2094 linguistic and cultural competency of providers and other program
 2095 facilitators; (7) quality assurance; (8) timely, accessible and effective
 2096 client grievance procedures; (9) coordination of the Medicaid managed
 2097 care plan with state and federal health care reforms; (10) eligibility
 2098 levels for inclusion in the program; (11) cost-sharing provisions; (12) a
 2099 benefit package; (13) coordination with coverage under the HUSKY
 2100 Plan, Part B; (14) the need for program quality studies within the areas
 2101 identified in this section and the department's application for available
 2102 grant funds for such studies; (15) the managed care portion of the
 2103 state-administered general assistance program; [and] (16) other issues
 2104 pertaining to the development of a Medicaid Research and
 2105 Demonstration Waiver under Section 1115 of the Social Security Act;
 2106 and (17) the primary care case management pilot program, established
 2107 pursuant to section 17b-307.

2108 (c) The Commissioner of Social Services shall seek a federal waiver
 2109 for the Medicaid managed care plan. Implementation of the Medicaid
 2110 managed care plan shall not occur before July 1, 1995.

2111 (d) The Commissioner of Social Services may, in consultation with
 2112 an educational institution, apply for any available funding, including
 2113 federal funding, to support Medicaid managed care programs.

2114 [(d)] (e) The Commissioner of Social Services shall provide monthly
 2115 reports on the plans and implementation of the Medicaid managed
 2116 care system to the council.

2117 [(e)] (f) The council shall report its activities and progress once each
 2118 quarter to the General Assembly.

2119 Sec. 59. Section 17b-105h of the general statutes, as amended by
 2120 section 35 of public act 09-9, is repealed and the following is
 2121 substituted in lieu thereof (*Effective from passage*):

2122 (a) For the fiscal year ending June 30, 2009, the Department of Social
 2123 Services may use such funds from the federal matching funds received
 2124 by the state pursuant to section 17b-105f, as amended by [this act]
 2125 public act 09-9, as are needed for operating expenses and to employ
 2126 one staff position for purposes directly related to the administration of
 2127 the matching funds provision for the supplemental nutrition assistance
 2128 employment and training program, and for any fiscal year thereafter
 2129 may use such funds as is necessary to operate and administer said
 2130 program.

2131 (b) The remaining federal matching funds received by the state
 2132 pursuant to section 17b-105f, as amended by [this act] public act 09-9,
 2133 shall be used for poverty reduction strategies and distributed in the
 2134 following manner: Seventy-five per cent of such remaining funds shall
 2135 be provided to supplemental nutrition assistance employment and
 2136 training providers whose expenditures generated the federal matching
 2137 funds on a pro-rata basis, pursuant to section 17b-105f, as amended by
 2138 [this act] public act 09-9; and twenty-five per cent of such remaining
 2139 funds shall be provided to supplemental nutrition assistance
 2140 employment and training community collaboratives selected pursuant
 2141 to section 17b-105g, as amended by [this act] public act 09-9, for
 2142 implementation of poverty reduction strategies.

2143 (c) The provisions of this section shall not apply to any regional
 2144 community-technical college that participated in the food stamp
 2145 employment and training program pursuant to a memorandum of
 2146 agreement entered into between the college and the Department of
 2147 Social Services prior to October 1, 2008, during the term of such
 2148 agreement. Such colleges shall retain the amount of federal matching
 2149 funds provided for in the memorandum of agreement for the term of
 2150 such agreement. Following the expiration of such agreement, the terms
 2151 of this section shall apply.

2152 Sec. 60. (NEW) (*Effective from passage*) (a) The Commissioner of
 2153 Social Services shall contract with one or more entities, on a risk or

2154 non-risk basis, to provide administrative services to elderly and
2155 disabled Medicaid recipients, including those who are also eligible for
2156 Medicare and those enrolled in a dually-eligible special needs plan.
2157 Services provided pursuant to such a contract may include, but not be
2158 limited to, care coordination, utilization management, disease
2159 management, provider network management, quality management,
2160 and customer service.

2161 (b) The Commissioner of Social Services may implement policies
2162 and procedures necessary to administer the provisions of this section
2163 while in the process of adopting such policies and procedures as
2164 regulation, provided the commissioner prints notice of intent to adopt
2165 regulations in the Connecticut Law Journal not later than twenty days
2166 after the date of implementation. Policies and procedures implemented
2167 pursuant to this section shall be valid until the time final regulations
2168 are adopted.

2169 (c) The commissioner shall submit a report to the Medicaid
2170 Managed Care Council, not later than thirty days after making any
2171 policy change pursuant to this section.

2172 Sec. 61. Subdivision (3) of subsection (a) of section 10-76d of the
2173 general statutes is repealed and the following is substituted in lieu
2174 thereof (*Effective from passage*):

2175 (3) Beginning with the fiscal year ending June 30, 2004, the
2176 Commissioner of Social Services shall make grant payments to local or
2177 regional boards of education in amounts representing fifty per cent of
2178 the federal portion of Medicaid claims processed for Medicaid eligible
2179 special education and related services provided to Medicaid eligible
2180 students in the school district. Beginning with the fiscal year ending
2181 June 30, 2009, the commissioner shall exclude any enhanced federal
2182 medical assistance percentages in calculating the federal portion of
2183 such Medicaid claims processed. Such grant payments shall be made
2184 on at least a quarterly basis and may represent estimates of amounts
2185 due to local or regional boards of education. Any grant payments

2186 made on an estimated basis, including payments made by the
2187 Department of Education for the fiscal years prior to the fiscal year
2188 ending June 30, 2000, shall be subsequently reconciled to grant
2189 amounts due based upon filed and accepted Medicaid claims and
2190 Medicaid rates. If, upon review, it is determined that a grant payment
2191 or portion of a grant payment was made for ineligible or disallowed
2192 Medicaid claims, the local or regional board of education shall
2193 reimburse the Department of Social Services for any grant payment
2194 amount received based upon ineligible or disallowed Medicaid claims.

2195 Sec. 62. Section 17b-260c of the general statutes is repealed and the
2196 following is substituted in lieu thereof (*Effective from passage*):

2197 (a) The Commissioner of Social Services shall apply for a Medicaid
2198 waiver, pursuant to Section 1115 of the Social Security Act, for the
2199 purpose of providing coverage for family planning services to adults
2200 in households with income that does not exceed one hundred eighty-
2201 five per cent of the federal poverty level and who are not otherwise
2202 eligible for Medicaid services.

2203 (b) If the commissioner fails to submit the application for the waiver
2204 to the joint standing committees of the General Assembly having
2205 cognizance of matters relating to human services and appropriations
2206 by February 1, 2010, the commissioner shall submit a written report to
2207 said committees not later than February 2, 2010. The report shall
2208 include, but not be limited to: (1) An explanation of the reasons for
2209 failing to seek the waiver; and (2) an estimate of fiscal impact that
2210 would result from the approval of the waiver in one calendar year.

2211 Sec. 63. (NEW) (*Effective from passage*) (a) The Commissioner of
2212 Social Services shall apply for a home and community-based services
2213 waiver pursuant to Section 1915(c) of the Social Security Act that will
2214 allow the commissioner to develop and implement a program for the
2215 provision of home or community-based services, as defined in 42 CFR
2216 440.180, to not more than one hundred persons currently receiving
2217 services under the Medicaid program who (1) have tested positive for

2218 human immunodeficiency virus or have acquired immune deficiency
2219 syndrome, and (2) would remain eligible for Medicaid if admitted to a
2220 hospital, nursing facility or intermediate care facility for the mentally
2221 retarded, or in the absence of the services that are requested under
2222 such waiver, would require the Medicaid covered level of care
2223 provided in such facilities. In accordance with 42 CFR 440.180, such
2224 persons shall be eligible to receive services that are deemed necessary
2225 by the commissioner to meet their unique needs in order to avoid
2226 institutionalization.

2227 (b) If the commissioner fails to submit the application for the waiver
2228 to the joint standing committees of the General Assembly having
2229 cognizance of matters relating to human services and appropriations
2230 by February 1, 2010, the commissioner shall submit a written report to
2231 said committees not later than February 2, 2010. The report shall
2232 include, but not be limited to: (1) An explanation of the reasons for
2233 failing to seek the waiver; and (2) an estimate of the fiscal impact that
2234 would result from the approval of the waiver in one calendar year.

2235 Sec. 64. Section 17b-257b of the general statutes is repealed and the
2236 following is substituted in lieu thereof (*Effective from passage*):

2237 (a) Qualified aliens, as defined in Section 431 of Public Law 104-193,
2238 admitted into the United States on or after August 22, 1996, other
2239 lawfully residing immigrant aliens or aliens who formerly held the
2240 status of permanently residing under color of law who [have been
2241 determined eligible for Medicaid or for state-administered general
2242 assistance medical aid prior to July 1, 1997, may be eligible for state-
2243 funded medical assistance which shall provide coverage to the same
2244 extent as the Medicaid program, state-administered general assistance
2245 medical aid or the HUSKY Plan, Part B provided other conditions of
2246 eligibility are met. Such qualified aliens or lawfully residing immigrant
2247 aliens or aliens who formerly held the status of permanently residing
2248 under color of law who have not been determined eligible for
2249 Medicaid or for state-administered general assistance medical aid prior

2250 to July 1, 1997, shall be eligible for state-funded assistance or the
2251 HUSKY Plan, Part B subsequent to six months from establishing
2252 residency in this state. Notwithstanding the provisions of this section,
2253 any qualified alien or other lawfully residing immigrant alien or alien
2254 who formerly held the status of permanently residing under color of
2255 law who is a victim of domestic violence or who has mental
2256 retardation shall be eligible for state-funded assistance or the HUSKY
2257 Plan, Part B pursuant to this section. Only individuals who are not
2258 eligible for Medicaid shall be eligible for state-funded assistance
2259 pursuant to this section] are (1) receiving home care services, (2)
2260 receiving nursing facility care under the state-funded medical
2261 assistance program on September 8, 2009, shall continue to receive
2262 coverage for such services or care for as long as the individual meets
2263 Medicaid eligibility requirements for such services or care except for
2264 alien status, or (3) are receiving nursing facility care and have applied
2265 for state-funded medical assistance before September 8, 2009, and
2266 would otherwise be eligible for such assistance, shall be provided such
2267 assistance for as long as the individual meets Medicaid eligibility
2268 requirements for nursing facility care except for alien status, except
2269 such aliens who are (A) children and pregnant women, and (B) whose
2270 date of admission is less than five years before the date services are
2271 provided shall receive coverage until such time as the state plan
2272 amendment concerning federal funding for the provision of services to
2273 such aliens is approved.

2274 (b) The Commissioner of Social Services may implement policies
2275 and procedures necessary to administer the provisions of this section
2276 while in the process of adopting such policies and procedures as
2277 regulation, provided the commissioner prints notice of intent to adopt
2278 regulations in the Connecticut Law Journal not later than twenty days
2279 after the date of implementation. Policies and procedures implemented
2280 pursuant to this section shall be valid until the time final regulations
2281 are adopted.

2282 Sec. 65. Subsection (d) of section 17b-266 of the general statutes is

2283 repealed and the following is substituted in lieu thereof (*Effective from*
2284 *passage*):

2285 (d) The commissioner shall pay all capitation claims which would
2286 otherwise be reimbursed to the health plans described in subsection (b)
2287 of this section in June, [1997] 2011, no later than July 31, [1997] 2011.

2288 Sec. 66. Subsection (i) of section 17b-342 of the general statutes is
2289 repealed and the following is substituted in lieu thereof (*Effective from*
2290 *passage*):

2291 (i) (1) On and after July 1, 1992, the Commissioner of Social Services
2292 shall, within available appropriations, administer a state-funded
2293 portion of the program for persons (A) who are sixty-five years of age
2294 and older; (B) who are inappropriately institutionalized or at risk of
2295 inappropriate institutionalization; (C) whose income is less than or
2296 equal to the amount allowed under subdivision (3) of subsection (a) of
2297 this section; and (D) whose assets, if single, do not exceed the
2298 minimum community spouse protected amount pursuant to Section
2299 4022.05 of the department's uniform policy manual or, if married, the
2300 couple's assets do not exceed one hundred fifty per cent of said
2301 community spouse protected amount and on and after April 1, 2007,
2302 whose assets, if single, do not exceed one hundred fifty per cent of the
2303 minimum community spouse protected amount pursuant to Section
2304 4022.05 of the department's uniform policy manual or, if married, the
2305 couple's assets do not exceed two hundred per cent of said community
2306 spouse protected amount.

2307 (2) [Any] Except for persons residing in affordable housing under
2308 the assisted living demonstration project established pursuant to
2309 section 17b-347e, as provided in subdivision (3) of this subsection, any
2310 person whose income [exceeds] is at or below two hundred per cent of
2311 the federal poverty level and who is ineligible for Medicaid shall
2312 contribute fifteen per cent [to] of the cost of his or her care. [in
2313 accordance with the methodology established for recipients of medical
2314 assistance pursuant to Sections 5035.20 and 5035.25 of the department's

2315 uniform policy manual.] Any person whose income exceeds two
2316 hundred per cent of the federal poverty level shall contribute fifteen
2317 per cent of the cost of his or her care in addition to the amount of
2318 applied income determined in accordance with the methodology
2319 established by the Department of Social Services for recipients of
2320 medical assistance. Any person who does not contribute to the cost of
2321 care in accordance with this subdivision, shall be ineligible to receive
2322 services under this subsection. Notwithstanding any provision of the
2323 general statutes, the department shall not be required to provide an
2324 administrative hearing to a person found ineligible for services under
2325 this subsection because of a failure to contribute to the cost of care.

2326 (3) [On and after June 30, 1992, the program shall serve persons
2327 receiving state-funded home and community-based services from the
2328 department, persons receiving services under the promotion of
2329 independent living for the elderly program operated by the
2330 Department of Social Services, regardless of age, and persons receiving
2331 services on June 19, 1992, under the home care demonstration project
2332 operated by the Department of Social Services. Such persons receiving
2333 state-funded services whose income and assets exceed the limits
2334 established pursuant to subdivision (1) of this subsection may continue
2335 to participate in the program, but shall be required to pay the total cost
2336 of care, including case management costs.] Any person who resides in
2337 affordable housing under the assisted living demonstration project
2338 established pursuant to section 17b-347e and whose income is at or
2339 below two hundred per cent of the federal poverty level, shall not be
2340 required to contribute to the cost of care. Any person who resides in
2341 affordable housing under the assisted living demonstration project
2342 established pursuant to section 17b-347e and whose income exceeds
2343 two hundred per cent of the federal poverty level, shall contribute to
2344 the applied income amount determined in accordance with the
2345 methodology established by the Department of Social Services for
2346 recipients of medical assistance. Any person whose income exceeds
2347 two hundred per cent of the federal poverty level and who does not
2348 contribute to the cost of care in accordance with this subdivision shall

2349 be ineligible to receive services under this subsection. Notwithstanding
2350 any provision of the general statutes, the department shall not be
2351 required to provide an administrative hearing to a person found
2352 ineligible for services under this subsection because of a failure to
2353 contribute to the cost of care.

2354 [(4) Services shall not be increased for persons who received
2355 services under the promotion of independent living for the elderly
2356 program over the limits in effect under said program in the fiscal year
2357 ending June 30, 1992, unless a person's needs increase and the person
2358 is eligible for Medicaid.]

2359 [(5)] (4) The annualized cost of services provided to an individual
2360 under the state-funded portion of the program shall not exceed fifty
2361 per cent of the weighted average cost of care in nursing homes in the
2362 state, except an individual who received services costing in excess of
2363 such amount under the Department of Social Services in the fiscal year
2364 ending June 30, 1992, may continue to receive such services, provided
2365 the annualized cost of such services does not exceed eighty per cent of
2366 the weighted average cost of such nursing home care. The
2367 commissioner may allow the cost of services provided to an individual
2368 to exceed the maximum cost established pursuant to this subdivision
2369 in a case of extreme hardship, as determined by the commissioner,
2370 provided in no case shall such cost exceed that of the weighted cost of
2371 such nursing home care.

2372 Sec. 67. (NEW) (*Effective from passage*) The Commissioner of Social
2373 Services shall inquire into the criminal history of any applicant, who is
2374 not at the time of application employed by the Department of Social of
2375 Services, for a position of employment with the department's disability
2376 determination services unit. Such inquiry shall be conducted in
2377 accordance with the provisions of section 31-51i of the general statutes.
2378 The commissioner shall require each such applicant to state whether
2379 the applicant has ever been convicted of a crime, whether criminal
2380 charges are pending against the applicant at the time of application,

2381 and, if so, to identify the charges and court in which such charges are
2382 pending. Each such applicant offered a position of employment with
2383 the department's disability determination services unit shall be
2384 required to submit to fingerprinting and state and national criminal
2385 history records checks, as provided in section 29-17a of the general
2386 statutes.

2387 Sec. 68. (NEW) (*Effective from passage*) (a) For purposes of this
2388 section, "emergency placement" means the placement of a child by the
2389 Department of Children and Families in the home of a private
2390 individual, including a neighbor, friend or relative of a child, as a
2391 result of the sudden unavailability of the child's primary caretaker.

2392 (b) When the Department of Children and Families makes an
2393 emergency placement, the department may request a criminal justice
2394 agency to perform a federal name-based criminal history search of any
2395 person residing in the home. The results of such name-based search
2396 shall be provided to the department.

2397 (c) No later than fifteen calendar days after the date such name-
2398 based search is performed pursuant to subsection (b) of this section,
2399 the department shall request the State Police Bureau of Identification
2400 to perform a state and national criminal history records check in
2401 accordance with section 29-17a of the general statutes of any person
2402 residing in the home. Such criminal history records checks shall be
2403 deemed as required by this section for purposes of said section 29-17a
2404 and the department may request that such records checks be
2405 performed in accordance with subsection (c) of section 29-17a of the
2406 general statutes. The results of such criminal history records checks
2407 shall be provided to the department. If any person refuses to provide
2408 fingerprints or other positive identifying information for purposes of
2409 such checks when requested, the department shall immediately
2410 remove the child from the home.

2411 (d) If the department denies emergency placement or removes a
2412 child from a home based on the results of a federal name-based

2413 criminal history search performed pursuant to subsection (b) of this
 2414 section, the person whose name-based search was the basis for such
 2415 denial or removal may contest such denial or removal by requesting
 2416 that a full criminal history records check be performed in accordance
 2417 with subsection (c) of this section.

2418 Sec. 69. Section 17a-126 of the general statutes, as amended by
 2419 section 7 of public act 09-185, is repealed and the following is
 2420 substituted in lieu thereof (*Effective from passage*):

2421 (a) As used in this section, (1) "relative caregiver" means a person
 2422 who is caring for a child related to such person because the parent of
 2423 the child has died or become otherwise unable to care for the child for
 2424 reasons that make reunification with the parent and adoption not [a]
 2425 viable [option] options within the foreseeable future, and (2)
 2426 "commissioner" means the Commissioner of Children and Families.

2427 (b) The [Commissioner of Children and Families] commissioner,
 2428 shall establish a program of subsidized guardianship for the benefit of
 2429 children in [the care or custody of the commissioner] foster care who
 2430 [are] have been living with relative caregivers, who are licensed foster
 2431 care providers pursuant to section 17a-114, and who have been in
 2432 foster care or certified relative care for not less than [eighteen] six
 2433 consecutive months. [The commissioner, within available
 2434 appropriations, shall establish a program of subsidized guardianship
 2435 for the benefit of children in the care or custody of the commissioner
 2436 who are living with relative caregivers and who have been in foster
 2437 care or certified relative care for not less than six but not more than
 2438 eighteen months.] A relative caregiver may request a guardianship
 2439 subsidy from the commissioner. [If adoption of the child by the
 2440 relative caregiver is an option, the commissioner shall counsel the
 2441 caregiver about the advantages and disadvantages of adoption and
 2442 subsidized guardianship so that the decision by the relative caregiver
 2443 to request a subsidized guardianship may be a fully informed one.]

2444 (c) If a relative caregiver who is receiving a guardianship subsidy

2445 for a related child is also caring for the child's sibling who is not
2446 related to the caregiver, [(1)] the commissioner shall provide a
2447 guardianship subsidy to such relative caregiver if the sibling has been
2448 in foster care for not less than eighteen months, and (2) the
2449 commissioner shall, within available appropriations, provide a
2450 guardianship subsidy to such relative caregiver [if the sibling has been
2451 in foster care for not less than six months but not more than eighteen
2452 months] in accordance with regulations adopted by the commissioner
2453 pursuant to subsection (e) of this section. For purposes of this
2454 subsection, "child's sibling" includes a stepbrother, stepsister, a half-
2455 brother or a half-sister.

2456 (d) The commissioner shall provide the following subsidies under
2457 the subsidized guardianship program in accordance with this section
2458 and the regulations adopted pursuant to subsection (e) of this section:
2459 (1) A special-need subsidy, which shall be a lump sum payment for
2460 one-time expenses resulting from the assumption of care of the child
2461 [when no other resource is available to pay for such expense] and shall
2462 not exceed two thousand dollars; [and] (2) a medical subsidy
2463 comparable to the medical subsidy to children in the subsidized
2464 adoption program if the child lacks private health insurance. The
2465 subsidized guardianship program shall also provide a monthly
2466 subsidy on behalf of the child payable to the relative caregiver that
2467 [shall be equal to the prevailing foster care rate. The commissioner
2468 may establish an asset test for eligibility under the program] is based
2469 on the circumstances of the relative caregiver and the needs of the
2470 child and shall not exceed the foster care maintenance payment that
2471 would have been paid on behalf of the child if the child had remained
2472 in licensed foster care.

2473 (e) The commissioner shall adopt regulations, in accordance with
2474 chapter 54, implementing the subsidized guardianship program
2475 established under this section. Such regulations shall [require, as a
2476 prerequisite to payment of a guardianship subsidy for the benefit of a
2477 minor child, that a home study report be filed with the court having

2478 jurisdiction of the case of the minor not later than fifteen days after the
2479 date of the request for a subsidy, provided no such report shall be
2480 required to be filed if a report has previously been provided to the
2481 court or if the caregiver has been determined to be a certified relative
2482 caregiver by the commissioner. The regulations shall also establish a
2483 procedure comparable to that for the subsidized adoption program to
2484 determine the types and amounts of subsidy to be granted by the
2485 commissioner as provided in subsection (d) of this section, for annual
2486 review of the subsidy as provided in subsection (f) of this section and
2487 for appeal from decisions by the commissioner denying, modifying or
2488 terminating such subsidies] include all federal requirements necessary
2489 to maximize federal reimbursement available to the state, including,
2490 but not limited to, (1) eligibility for the program, (2) the maximum age
2491 at which a child is no longer eligible for a guardianship subsidy,
2492 including the maximum age, for purposes of claiming federal
2493 reimbursement under Title IV-E of the Social Security Act, at which a
2494 child is no longer eligible for a guardianship subsidy, and (3) a
2495 procedure for determining the types and amounts of the subsidies.

2496 (f) [The] At a minimum, the guardianship subsidy provided under
2497 this section shall continue until the child reaches the age of eighteen or
2498 the age of twenty-one if such child is in full time attendance at a
2499 secondary school, technical school or college or is in a state accredited
2500 job training program. Annually, the subsidized guardian shall submit
2501 to the commissioner a sworn statement that the child is still living with
2502 and receiving support from the guardian. The parent of any child
2503 receiving assistance through the subsidized guardianship program
2504 shall remain liable for the support of the child as required by the
2505 general statutes.

2506 (g) A guardianship subsidy shall not be included in the calculation
2507 of household income in determining eligibility for benefits of the
2508 relative caregiver of the subsidized child or other persons living within
2509 the household of the relative caregiver.

2510 (h) Payments for guardianship subsidies shall be made from
 2511 moneys available from any source to the commissioner for child
 2512 welfare purposes. The commissioner shall develop and implement a
 2513 plan that: (1) Maximizes use of the subsidized guardianship program
 2514 to decrease the number of children in the legal custody of the
 2515 [Commissioner of Children and Families] commissioner and to reduce
 2516 the number of children who would otherwise be placed into
 2517 nonrelative foster care when there is a family member willing to
 2518 provide care; (2) maximizes federal reimbursement for the costs of the
 2519 subsidized guardianship program, provided whatever federal
 2520 maximization method is employed shall not result in the relative
 2521 caregiver of a child being subject to work requirements as a condition
 2522 of receipt of benefits for the child or the benefits restricted in time or
 2523 scope other than as specified in subsection (c) of this section; and (3)
 2524 ensures necessary transfers of funds between agencies and interagency
 2525 coordination in program implementation. The [Commissioner of
 2526 Children and Families] commissioner shall seek all federal waivers and
 2527 reimbursement as are necessary and appropriate to implement this
 2528 plan.

2529 (i) In the case of the death, severe disability or serious illness of a
 2530 relative caregiver who is receiving a guardianship subsidy, the
 2531 commissioner may transfer the guardianship subsidy to a new relative
 2532 caregiver who meets the Department of Children and Families foster
 2533 care safety requirements and is appointed as legal guardian by a court
 2534 of competent jurisdiction.

2535 (j) Nothing in this section shall prohibit the commissioner from
 2536 continuing to pay guardianship subsidies to those relative caregivers
 2537 who entered into written subsidy agreements with the Department of
 2538 Children and Families prior to the effective date of this section.

2539 Sec. 70. Section 16 of public act 09-2 is repealed and the following is
 2540 substituted in lieu thereof (*Effective from passage*):

2541 Beginning with the fiscal year ending [June 30, 2009] October 1,

2542 2009, and for each fiscal year thereafter, the Commissioner of Social
 2543 Services shall increase income disregards used to determine eligibility
 2544 by the Department of Social Services for the federal Specified Low-
 2545 Income Medicare Beneficiary, the Qualified Medicare Beneficiary and
 2546 the Qualifying Individual Programs, administered in accordance with
 2547 the provisions of 42 USC 1396d(p), by an amount that equalizes the
 2548 income levels used to determine eligibility for said programs with
 2549 income levels used to determine eligibility for the ConnPACE program
 2550 under subsection (a) of section 17b-492 of the general statutes, as
 2551 amended by this act. The commissioner shall not apply an asset test for
 2552 eligibility under the Medicare Savings Program. The Commissioner of
 2553 Social Services, pursuant to section 17b-10 of the general statutes, may
 2554 implement policies and procedures to administer the provisions of this
 2555 section while in the process of adopting such policies and procedures
 2556 in regulation form, provided the commissioner prints notice of the
 2557 intent to adopt the regulations in the Connecticut Law Journal not later
 2558 than twenty days after the date of implementation. Such policies and
 2559 procedures shall be valid until the time final regulations are adopted.

2560 Sec. 71. Section 17b-280 of the general statutes is repealed and the
 2561 following is substituted in lieu thereof (*Effective from passage*):

2562 (a) The state shall reimburse for all legend drugs provided under
 2563 the Medicaid, state-administered general assistance, ConnPACE and
 2564 Connecticut AIDS drug assistance programs at the lower of (1) the rate
 2565 established by the Centers for Medicare and Medicaid Services as the
 2566 federal acquisition cost, (2) the average wholesale price minus fourteen
 2567 per cent, or (3) an equivalent percentage as established under the
 2568 Medicaid state plan. The commissioner shall also establish a
 2569 professional fee of [three] two dollars and [fifteen] sixty-five cents for
 2570 each prescription to be paid to licensed pharmacies for dispensing
 2571 drugs to Medicaid, state-administered general assistance, ConnPACE
 2572 and Connecticut AIDS drug assistance recipients in accordance with
 2573 federal regulations; and on and after September 4, 1991, payment for
 2574 legend and nonlegend drugs provided to Medicaid recipients shall be

2575 based upon the actual package size dispensed. Effective October 1,
2576 1991, reimbursement for over-the-counter drugs for such recipients
2577 shall be limited to those over-the-counter drugs and products
2578 published in the Connecticut Formulary, or the cross reference list,
2579 issued by the commissioner. The cost of all over-the-counter drugs and
2580 products provided to residents of nursing facilities, chronic disease
2581 hospitals, and intermediate care facilities for the mentally retarded
2582 shall be included in the facilities' per diem rate. Notwithstanding the
2583 provisions of this subsection, no dispensing fee shall be issued for a
2584 prescription drug dispensed to a ConnPACE or Medicaid recipient
2585 who is a Medicare Part D beneficiary when the prescription drug is a
2586 Medicare Part D drug, as defined in Public Law 108-173, the Medicare
2587 Prescription Drug, Improvement, and Modernization Act of 2003.

2588 (b) The Department of Social Services may provide an enhanced
2589 dispensing fee to a pharmacy enrolled in the federal Office of
2590 Pharmacy Affairs Section 340B drug discount program established
2591 pursuant to 42 USC 256b or a pharmacy under contract to provide
2592 services under said program.

2593 Sec. 72. (*Effective from passage*) (a) The Department of Social Services,
2594 in consultation with the Connecticut Pharmacists Association, shall
2595 review the impact of potential or actual changes in the methodologies
2596 utilized in calculating the average wholesale price for brand name and
2597 generic drugs. Such review shall include, but not be limited to, the
2598 financial impact of any required changes in pharmacy reimbursement
2599 payments made under any of the medical assistance programs
2600 administered by the department.

2601 (b) Not later than January 1, 2010, the commissioner of Social
2602 Services shall report in accordance with the provisions of section 11-4a
2603 of the general statutes on the results of such review. Based on the
2604 outcome of such review, on or after January 1, 2010, for the fiscal year
2605 ending on June 30, 2010, the Department of Social Services may, with
2606 the approval by the Secretary of the Office of Policy and Management,

2607 implement adjustments to dispensing fees paid to licensed pharmacies
2608 pursuant to section 17b-280 of the general statutes for generic and
2609 brand name drugs dispensed in conjunction with the state's medical
2610 assistance programs. The Department of Social Services may provide,
2611 upon approval by the Secretary of the Office of Policy and
2612 Management and within available appropriations, increased
2613 adjustments to the dispensing fee or reimbursements paid to licensed
2614 pharmacies providing services to medical assistance program
2615 beneficiaries in order to assist those pharmacies that experience
2616 financial hardship attributable to their participation in state medical
2617 assistance programs as a result of the implementation of changes in the
2618 methodologies utilized to calculate the average wholesale price of
2619 brand name and generic drugs.

2620 Sec. 73. (*Effective from passage*) For the fiscal year ending June 30,
2621 2010, the Department of Social Services shall allocate \$300,000 to
2622 process pending eligibility applications for Medicaid recipients
2623 residing in nursing homes. Not later than January 1, 2011, the
2624 department shall submit a report on such applications, in accordance
2625 with the provisions of section 11-4a of the general statutes, to the joint
2626 standing committees of the General Assembly having cognizance of
2627 matters relating to Public Health and Human Services.

2628 Sec. 74. (*Effective from passage*) The Department of Social Services
2629 may amend the Medicaid state plan to create a per diem rate for
2630 intermediate care beds for mentally ill patients in general hospitals.

2631 Sec. 75. (NEW) (*Effective from passage*) The Commissioner of Social
2632 Services may require utilization of the Easy Breathing model in the
2633 HUSKY program.

2634 Sec. 76. (NEW) (*Effective from passage*) The Commissioner of Social
2635 Services may, to the extent permitted by federal law, amend the
2636 Medicaid state plan to establish a pilot program that serves not more
2637 than five hundred persons served by Oak Hill - The Connecticut
2638 Institute for the Blind, Inc. who are eligible for Medicare and who

2639 voluntarily agree to participate in the program. Such program shall be
2640 designed to demonstrate the feasibility and cost effectiveness of
2641 delivering comprehensive health insurance coverage in a managed
2642 care setting to such persons. The commissioner may include medical
2643 assistance services in the program not covered on the effective date of
2644 this section in the state medical assistance program or other
2645 modifications to the state medical assistance program to encourage
2646 voluntary participation in the pilot program.

2647 Sec. 77. (*Effective from passage*) Effective July 1, 2009, the Department
2648 of Social Services shall, subject to available appropriations, increase by
2649 not less than seven hundred thousand dollars, on an annualized basis,
2650 reimbursement rates paid to providers of adult day care services under
2651 the Connecticut home care program for the elderly administered
2652 pursuant to section 17b-342 of the general statutes, as amended by this
2653 act.

2654 Sec. 78. (NEW) (*Effective from passage*) Not later than ten days prior
2655 to terminating state-funded medical assistance services for any person
2656 who is a qualified alien, other lawfully residing immigrant alien or
2657 alien who formerly held the status of permanently residing under
2658 color of law, the commissioner shall provide notice of the proposed
2659 termination. Such notice shall include (1) the reason for termination
2660 and (2) information concerning the person's eligibility for other state or
2661 federal medical assistance programs, including instructions on how to
2662 apply for such programs.

2663 Sec. 79. (*Effective from passage*) (a) Notwithstanding sections 1 and 11
2664 of public act 09-3 of the June special session, the amount appropriated
2665 to the Department of Social Services, for Other Expenses, shall be
2666 \$89,148,799 for the fiscal year ending June 30, 2010, and \$89,398,799 for
2667 the fiscal year ending June 30, 2011.

2668 (b) Notwithstanding sections 1 and 11 of public act 09-3 of the June
2669 special session, the amount appropriated to the Department of Social
2670 Services, for HUSKY Program, shall be \$34,761,200 for the fiscal year

2671 ending June 30, 2010, and \$36,463,900 for the fiscal year ending June
2672 30, 2011.

2673 (c) Notwithstanding sections 1 and 11 of public act 09-3 of the June
2674 special session, the amount appropriated to the Department of Social
2675 Services, for Medicaid, shall be \$3,847,384,700 for the fiscal year ending
2676 June 30, 2010, and \$3,694,819,974 for the fiscal year ending June 30,
2677 2011.

2678 Sec. 80. Section 16a-41a of the general statutes is amended by adding
2679 subsection (e) as follows (*Effective from passage*):

2680 (NEW) (e) The Commissioner of Social Services shall submit each
2681 plan or report described in subsection (a) of this section to the low-
2682 income energy advisory board, established pursuant to section 16a-
2683 41b, as amended by this act, not later than seven days prior to
2684 submitting such plan or report to the joint standing committee of the
2685 General Assembly having cognizance of matters relating to energy and
2686 technology, appropriations and human services.

2687 Sec. 81. Subsection (b) of section 16a-41b of the general statutes is
2688 repealed and the following is substituted in lieu thereof (*Effective from*
2689 *passage*):

2690 (b) The Low-Income Energy Advisory Board shall advise and assist
2691 the Office of Policy and Management and the Department of Social
2692 Services in the planning, development, implementation and
2693 coordination of energy-assistance-related programs and policies and
2694 low-income weatherization assistance programs and policies, shall
2695 advise the Department of Public Utility Control regarding the impact
2696 of utility rates and policies, and shall make recommendations to the
2697 General Assembly regarding (1) legislation and plans subject to
2698 legislative approval, and (2) administration of the block grant program
2699 authorized under the Low-Income Energy Assistance Act, as described
2700 in section 16a-41a, as amended by this act, to ensure affordable access
2701 to residential energy services to low-income state residents.

2702 Sec. 82. Section 31 of public act 09-3 is repealed and the following is
2703 substituted in lieu thereof (*Effective from passage*):

2704 The unexpended balance of funds appropriated in section 5 of
2705 public act 08-1 of the August special session, and carried forward in
2706 section 3 of public act 09-2 of the June 19 special session, to the Office
2707 of Policy and Management, for the purpose of expanding Operation
2708 Fuel, Incorporated, shall be available to provide emergency energy
2709 assistance from July 1, 2009, to June 30, 2010, inclusive, to households
2710 within the state with income greater than one hundred fifty but less
2711 than two hundred per cent of the applicable federal poverty level that
2712 are unable to make timely payments on deliverable fuel, electricity or
2713 natural gas bills, whether they are primary or secondary energy
2714 sources. Operation Fuel, Incorporated, shall pay emergency energy
2715 assistance provided pursuant to this section directly to fuel vendors,
2716 municipal utilities furnishing electricity or natural gas or electric or
2717 natural gas companies.

2718 Sec. 83. Section 45 of public act 09-3 is repealed and the following is
2719 substituted in lieu thereof (*Effective from passage*):

2720 The Department of Social Services shall, within available
2721 appropriations, contract with (1) the Center for Medicare Advocacy to
2722 provide assistance with Medicare Part D Plan appeals relating to the
2723 denial of medically necessary prescriptions, and (2) a pharmacy
2724 association or pharmacist to assist clients with choosing a Medicare
2725 Part D Plan that best meets their drug regimen. On or before December
2726 1, 2009, the Commissioner of Social Services shall [report, in
2727 accordance with the provisions of section 11-4a of the general statutes,]
2728 provide to the joint standing committees of the General Assembly
2729 having cognizance of matters relating to appropriations and state
2730 budgets and human services [describing revisions to the department's
2731 nonformulary exception review and appeal process for clients who are
2732 dually eligible for Medicaid and Medicare Part D. Such report shall
2733 include, but not be limited to, an explanation of (1) the department's

2734 revised process for determining, before the department pays for a
2735 nonformulary drug, whether the nonformulary drug is medically
2736 necessary, (2) the conditions for the department's pursuing an appeal
2737 with private plans and (3) the department's criteria for making a
2738 referral to the Center for Medicare Advocacy for further appeals] a
2739 plan concerning the department's referral process for clients who are
2740 dually eligible for Medicaid and Medicare Part D. Such plan shall
2741 include, but not be limited to, providing such clients with information
2742 about appeal rights and the availability of assistance from the Center
2743 for Medicare Advocacy.

2744 Sec. 84. Subsection (a) of section 17b-371 of the general statutes, as
2745 amended by section 1 of public act 09-1, is repealed and the following
2746 is substituted in lieu thereof (*Effective from passage*):

2747 (a) On July 1, [2009] 2011, to the extent permitted by federal law,
2748 there shall be established within the General Fund, a separate,
2749 nonlapsing account which shall be known as the "Long-Term Care
2750 Reinvestment account". The account shall contain any moneys
2751 required by law and this section to be deposited in the account. Any
2752 funds resulting from the enhanced federal medical assistance
2753 percentage received by the state under the Money Follows the Person
2754 demonstration project pursuant to Section 6071 of the Deficit
2755 Reduction Act of 2005 shall be deposited in the account.

2756 Sec. 85. Subsection (d) of section 17b-371 of the general statutes, as
2757 amended by section 2 of public act 09-1, is repealed and the following
2758 is substituted in lieu thereof (*Effective from passage*):

2759 (d) On or before January 1, [2010] 2012, and annually thereafter, the
2760 Commissioner of Social Services shall submit a report, in accordance
2761 with section 11-4a, to the Governor and to the joint standing
2762 committees of the General Assembly having cognizance of matters
2763 relating to human services and appropriations and the budgets of state
2764 agencies concerning the [long-term care reinvestment] Long-Term
2765 Care Reinvestment account established under this section. The report

2766 shall include financial information concerning the money in the
2767 account, including, but not limited to, information on the number,
2768 amount and type of expenditures from the fund during the prior
2769 calendar year and estimates of the impact of the fund on present and
2770 future Medicaid expenditures.

2771 Sec. 86. Section 17b-339 of the general statutes is repealed and the
2772 following is substituted in lieu thereof (*Effective from passage*):

2773 (a) There is established a Nursing Home Financial Advisory
2774 Committee to examine the financial solvency of nursing homes on an
2775 ongoing basis and to support the Departments of Social Services and
2776 Public Health in their mission to provide oversight to the nursing
2777 home industry [which promotes] on issues concerning the financial
2778 solvency of and quality of care provided by nursing homes. The
2779 committee shall consist of [seven members: The] the Commissioner of
2780 Social Services, or his designee; the Commissioner of Public Health, or
2781 his designee; the Secretary of the Office of Policy and Management, or
2782 his designee; [the director of the Office of Fiscal Analysis, or his
2783 designee;] the executive director of the Connecticut Health and
2784 Education Facilities Authority, or his designee; and [one representative
2785 of nonprofit nursing homes] the executive director of the Connecticut
2786 Association of Not-for-Profit Providers for the Aging, or the executive
2787 director's designee; and [one representative of for-profit nursing
2788 homes appointed by the Governor] the executive director of the
2789 Connecticut Association of Health Care Facilities, or the
2790 executive director's designee.

2791 [(b)] The Commissioner of Social Services and the Commissioner of
2792 Public Health shall be the chairpersons of the committee. [Any vacancy
2793 shall be filled by the appointing authority.]

2794 [(c)] (b) The committee, upon receipt of a report relative to the
2795 financial solvency of and quality of care provided by nursing homes in
2796 the state, shall recommend appropriate action for improving the

2797 financial condition of any nursing home that is in financial distress to
 2798 the Commissioner of Social Services and the Commissioner of Public
 2799 Health. The Commissioner of Social Services shall submit quarterly
 2800 reports to the committee concerning pending nursing home requests
 2801 for interim rate increases. Such reports shall, without identifying any
 2802 requesting facility by name, list the amount of each increase requested,
 2803 the reason for the request and the rate that will result if the request is
 2804 granted.

2805 [(d)] (c) Not later than January 1, [1999] 2010, and annually
 2806 thereafter, the committee shall submit a report on its activities to the
 2807 joint standing committees of the General Assembly having cognizance
 2808 of matters relating to appropriations, human services and public health
 2809 and to the select committee of the General Assembly having
 2810 cognizance of matters relating to aging, in accordance with the
 2811 provisions of section 11-4a.

2812 (d) Not later than January 1, 2010, and quarterly thereafter, the
 2813 committee shall meet with the chairpersons and ranking members of
 2814 the joint standing committees of the General Assembly having
 2815 cognizance of matters relating to human services, appropriations and
 2816 the budgets of state agencies, and public health, and the Long-Term
 2817 Care Ombudsman to discuss activities of the committee relating to the
 2818 financial solvency of and quality of care provided by nursing homes.

2819 Sec. 87. Subsection (d) of section 17b-370 of the general statutes is
 2820 repealed and the following is substituted in lieu thereof (*Effective from*
 2821 *passage*):

2822 (d) Not later than January 1, [2009] 2012, the commissioner shall
 2823 submit, in accordance with section 11-4a, to the joint standing
 2824 committees of the General Assembly having cognizance of matters
 2825 relating to human services and appropriations and the budgets of state
 2826 agencies the plan developed pursuant to subsection (a) of this section
 2827 along with recommendations for legislation and funding necessary to
 2828 implement the plan. Not later than sixty days after the date of receipt

2829 of such plan, said joint standing committees of the General Assembly
 2830 shall advise the commissioner of their approval, denial or
 2831 modifications, if any, of the plan, and if such plan is approved by said
 2832 committees, such plan shall be implemented on or after July 1, [2009]
 2833 2012, subject to available appropriations.

2834 Sec. 88. (NEW) (*Effective from passage*) Notwithstanding the
 2835 provisions of section 8-206e of the general statutes, the Commissioner
 2836 of Economic and Community Development, in consultation with the
 2837 Commissioner of Social Services and the Secretary of the Office of
 2838 Policy and Management, may designate as a demonstration program
 2839 an established United States Department of Housing and Urban
 2840 Development Section 202 or Section 236 elderly housing development
 2841 that is licensed to provide assisted living services, for the purpose of
 2842 qualifying otherwise eligible residents for payment for such services as
 2843 authorized under a 1915c Medicaid waiver or the state-funded portion
 2844 of the Connecticut Home Care Program for the Elderly established
 2845 pursuant to section 17b-342 of the general statutes.

2846 Sec. 89. Section 17b-492d of the general statutes is repealed. (*Effective*
 2847 *from passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	New section
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>from passage</i>	New section
Sec. 9	<i>from passage</i>	New section
Sec. 10	<i>from passage</i>	New section
Sec. 11	<i>from passage</i>	New section
Sec. 12	<i>from passage</i>	New section

Sec. 13	<i>from passage</i>	New section
Sec. 14	<i>from passage</i>	New section
Sec. 15	<i>from passage</i>	New section
Sec. 16	<i>from passage</i>	4-61dd(a)
Sec. 17	<i>from passage</i>	1-210(b)(13)
Sec. 18	<i>from passage</i>	New section
Sec. 19	<i>from passage</i>	17a-317
Sec. 20	<i>from passage</i>	17b-257a
Sec. 21	<i>from passage</i>	17a-50
Sec. 22	<i>from passage</i>	17a-50a
Sec. 23	<i>from passage</i>	17b-12
Sec. 24	<i>from passage</i>	17a-18
Sec. 25	<i>from passage</i>	17a-56
Sec. 26	<i>from passage</i>	17a-56a
Sec. 27	<i>from passage</i>	New section
Sec. 28	<i>from passage</i>	New section
Sec. 29	<i>from passage</i>	4-67x(a)
Sec. 30	<i>from passage</i>	17b-265d(d)
Sec. 31	<i>from passage</i>	17b-265d(c)
Sec. 32	<i>from passage</i>	17b-340(f)(4)
Sec. 33	<i>from passage</i>	17b-492(a)
Sec. 34	<i>from passage</i>	17b-491a
Sec. 35	<i>from passage</i>	19a-507
Sec. 36	<i>from passage</i>	17b-104(b)
Sec. 37	<i>from passage</i>	17b-106(a)
Sec. 38	<i>from passage</i>	17b-274d(f)
Sec. 39	<i>from passage</i>	17b-340(f)(11)
Sec. 40	<i>from passage</i>	17b-340(g)
Sec. 41	<i>from passage</i>	17b-340(h)(1)
Sec. 42	<i>from passage</i>	17b-244(a)
Sec. 43	<i>from passage</i>	17b-372
Sec. 44	<i>from passage</i>	19a-495a
Sec. 45	<i>from passage</i>	29-1g
Sec. 46	<i>from passage</i>	PA 09-3, Sec. 93
Sec. 47	<i>from passage</i>	17b-492(f)
Sec. 48	<i>from passage</i>	New section
Sec. 49	<i>from passage</i>	17b-282b
Sec. 50	<i>from passage</i>	New section
Sec. 51	<i>from passage</i>	17b-749
Sec. 52	<i>from passage</i>	New section

Sec. 53	<i>from passage</i>	38a-47
Sec. 54	<i>from passage</i>	38a-48
Sec. 55	<i>from passage</i>	17b-192
Sec. 56	<i>from passage</i>	17b-28e
Sec. 57	<i>from passage</i>	17b-306a
Sec. 58	<i>from passage</i>	17b-28
Sec. 59	<i>from passage</i>	17b-105h
Sec. 60	<i>from passage</i>	New section
Sec. 61	<i>from passage</i>	10-76d(a)(3)
Sec. 62	<i>from passage</i>	17b-260c
Sec. 63	<i>from passage</i>	New section
Sec. 64	<i>from passage</i>	17b-257b
Sec. 65	<i>from passage</i>	17b-266(d)
Sec. 66	<i>from passage</i>	17b-342(i)
Sec. 67	<i>from passage</i>	New section
Sec. 68	<i>from passage</i>	New section
Sec. 69	<i>from passage</i>	17a-126
Sec. 70	<i>from passage</i>	PA 09-2, Sec. 16
Sec. 71	<i>from passage</i>	17b-280
Sec. 72	<i>from passage</i>	New section
Sec. 73	<i>from passage</i>	New section
Sec. 74	<i>from passage</i>	New section
Sec. 75	<i>from passage</i>	New section
Sec. 76	<i>from passage</i>	New section
Sec. 77	<i>from passage</i>	New section
Sec. 78	<i>from passage</i>	New section
Sec. 79	<i>from passage</i>	New section
Sec. 80	<i>from passage</i>	16a-41a
Sec. 81	<i>from passage</i>	16a-41b(b)
Sec. 82	<i>from passage</i>	PA 09-3, Sec. 31
Sec. 83	<i>from passage</i>	PA 09-3, Sec. 45
Sec. 84	<i>from passage</i>	17b-371(a)
Sec. 85	<i>from passage</i>	17b-371(d)
Sec. 86	<i>from passage</i>	17b-339
Sec. 87	<i>from passage</i>	17b-370(d)
Sec. 88	<i>from passage</i>	New section
Sec. 89	<i>from passage</i>	Repealer section